

A NEW LEAF, INC.  
Consent for Review of Records



I give consent for the appropriate personnel and contractual personnel of A New Leaf, Inc, permission to review any records and documents relating to:

\_\_\_\_\_

for the purpose of evaluation, program development, implementation, and billing.

Please Print:

Participant Name: \_\_\_\_\_

Appointed Representative: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A New Leaf Representative: \_\_\_\_\_ Date: \_\_\_\_\_