

Nancy Vierra, MFT  
Licensed Psychotherapist  
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### **Consent to Receive Treatment**

By signing this form, you are agreeing to the following:

I have reviewed the information in the Informed Consent for Treatment Agreement for Adults. I have discussed this Agreement form and the contents with Nancy Vierra, MFT, and I have had my questions answered by her to my satisfaction. I fully understand this Informed Consent to Treatment Agreement for Adults. I accept, understand, and agree to abide by the contents and terms of this agreement, and further, I consent to participate in evaluation and treatment with Nancy Vierra, MFT.

Client Name: \_\_\_\_\_  
(please print)

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

#### **If you are a minor:**

Name of Parent or Legal Guardian or Custodial Parent:

\_\_\_\_\_  
(please print)

Signature of Parent/Legal Guardian/Custodial Parent: \_

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