

**Janice Motoike, Ph.D., P.L.L.C.**  
**Statement Regarding Treatment Populations and Referrals**

As a psychologist, I do not prescribe medication. I work with adults, and cannot provide family counseling that includes children or adolescents. I provide couples therapy on a very limited basis. I am willing to include adult family members in treatment based on a client's request if I feel that it is clinically appropriate. I do not do psychological testing. I do not work in addictions, including but not limited to substance abuse and dependence (for example, I do not treat individuals with gambling, internet, pornography, spending, or other behaviors). I also do not treat eating disorders. My practice is limited to clients residing in the state of Arizona.

I do not work with individuals with severe symptoms requiring extensive consultation and/or monitoring outside the therapy session, (such as frequent crises, chronic suicidal ideation and/or threats, cutting or other self-injurious behaviors, violence or threats of violence, or coercive or manipulative behaviors). If I discover that your symptoms are beyond the scope of my practice, I will help you find referrals in order for you to improve.

If you recently applied, or plan to apply for disability in the next 12 months, you should contact your insurance panel for another provider. If you have been hospitalized for mental health reasons, attended court-ordered treatment or evaluation, exhibited any harmful behaviors toward yourself or others, or struggled with substance or alcohol use or other addictions within the last 2 years, you should contact your insurance panel for another provider, as these issues are beyond the scope of my practice.

I will do my best to provide appropriate referrals for you unless you tell me that you are not interested in continuing therapy or if you do not wish to work in therapy.

I have read the statement and acknowledge by my signature below that I have not had any of the symptoms, behaviors, or situations described within the last 2 years. If it is discovered that I have failed to acknowledge ongoing chronic behaviors, I understand that I will be referred to another provider or other appropriate treatment facility.

I understand that it is my responsibility to follow through with any referrals in a timely manner (i.e. schedule an appointment within 2 weeks), as many therapists may not have immediate openings available.

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Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name