

## Professional Will

I, \_\_\_\_\_, do hereby declare this to be my Professional Will. This document supersedes any prior Professional Will(s). This document is not my personal last Will and Testament. This Professional Will is intended to give authority and directions to my Executor named in this Professional Will to matters in connection with my psychotherapy practice and patient records in the event of my incapacitation or death.

### FIRST

I am a practicing \_\_\_\_\_ licensed in \_\_\_\_\_.

My license # is \_\_\_\_\_. My principal business address is

\_\_\_\_\_.

In the event of my death or incapacitation, I hereby appoint as my Professional

Executor: \_\_\_\_\_ email: \_\_\_\_\_

address \_\_\_\_\_

Phone \_\_\_\_\_.

In case s/he is unavailable at the time, I appoint an alternate Professional Executor

\_\_\_\_\_.

address \_\_\_\_\_

Phone \_\_\_\_\_.

I hereby grant my Professional Executor full authority to:

- A. Act on my behalf in making decisions about storing, releasing, and/or disposing of my professional records and patient records, consistent with the applicable federal and state laws and regulations, and other professional requirements.
- B. Carry out any activities deemed necessary to administer this Professional Will.
- C. Delegate and authorize other people so designated and determined by them to assist and perform any requisite activities to properly administer this Professional Will.

### SECOND

My business attorney is \_\_\_\_\_. His/her telephone

number, email address, and mailing address are

\_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_.

The Executor of my current Personal Will is \_\_\_\_\_.

His/her telephone number, email address, and mailing address are

\_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_.

My Personal Executor and/or my designee with a limited Power of Attorney for my practice has been made aware of my wishes described in this Professional Will. They assume responsibility for notifying Practice Executor of an incident of incapacitation or my death in order for him/her to assume the role of Practice Executor.

### **THIRD**

I give my Practice Executor permission to use my login and passwords to access all programs needed to execute this document. These logins and passwords can be found

\_\_\_\_\_.

This list includes:

- names and contact information of individuals who may assist in locating and accessing my patient records and other relevant professional documents;
- locations and how to access all patient records;
- locations and how to access my professional billing and financial records, appointment book, patient telephone numbers and related contact information;
- the location of the computer and other electronic devices used for my practice;
- location of my insurance policies and related documentation;
- location of any necessary keys and combinations required for access to my office, filing storage units, and facilities.

### **FOURTH**

My specific instructions for my Professional Executor are:

**Informing Patients:** My patients should be notified ASAP about my death/incapacitation. Please consult my schedule and notify by prioritizing upcoming appointments. Please call my patients and talk to them directly rather than leaving a message or sending them a letter. I appreciate your taking the time to have warm and personal communication with them, and for my current patients, to assist them with

providing both short-term support and getting them set up with a referral to another clinician. Also, my Practice Executor should notify referral sources and collaborating colleagues about my death and check for their availability to consult with new patients.

I DO DO NOT wish to provide a letter to my patients to be mailed to them by the Practice Executor in the event of my death. If yes, this letter will be attached. The mailing of this letter does not in anyway substitute for the expectations of the Practice Executor to personally and promptly notify my patients as outlined above.

In addition to the named Practice Executors, \_\_\_\_\_, and \_\_\_\_\_, I also give consent for the following psychotherapists to assist with the notification and clinical care of my patients if they are willing to take on such duties for a few cases, to limit the number of patients any one therapist must be responsible for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request that my Practice Executor check with the following colleagues of mine to determine if they have availability to take on any of my patients for on-going treatment. If they are not available, or deemed inappropriate for any clinical or practical reason, the Practice Executor will assume responsibility for identifying proper referrals and assisting patients with the transition of care.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Records: All the clinical records (past and present) should be given in full to my Practice Executor who is aware of her clinical, ethical, and legal responsibilities and duties in regard to the clinical records. Neither the executor nor anyone else except Practice Executors should read the clinical records or any part of them.

The Electronic Health Record program \_\_\_\_\_, is where all my

digital patient records are stored. These records will be securely stored by my Practice Executor in accordance with the regulations of my state. Those records whose retention requirement has expired should be deleted.

I  DO or  DO NOT have any paper patient health record files in my possession. My personal executor will give these records to my Practice Executor who determines disposition.

Use professional judgment and discretion regarding notification of existing and past patients of my death or incapacity consistent with ethical and legal requirements. Please remember some patients may not wish others to know they have been in therapy.

Arrange for each patient’s records to go to their new practitioner if applicable, with each patient’s consent. All remaining records must be maintained pursuant to state and federal laws and regulations.

Business of Practice: Please assist my Personal Executor with any business matters of the practice, such as providing statements to patients for the current month, so they have needed documentation for insurance reimbursement. Also please attempt to collect outstanding payments by sending a bill with a letter requesting payment remittance. Coordinate with my Personal Executor regarding financial information needed to deposit payments.

Please stop auto payments with

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My estate will continue to pay for website, telephone, lease bills, etc that are in my name for the length of time instructed by my Practice Executor (typically for one year after practice closure).

My Lease for the \_\_\_\_\_ office can be found \_\_\_\_\_ . I ask that current tenants and office mates be given the opportunity to take over the lease for the duration, if they wish.

[OR. I authorize my Executor, my personal executor, or my suitemates to identify a suitable replacement to take over my lease as soon as possible so as to limit the expense of this on my estate.]. My Practice Executor will assist my personal executor in resolving my lease obligation.

My Practice Executor will notify the Licensing Board and my malpractice insurance of my death.

Please offer my family some suggestions for words to include in any eulogy or obit which could speak to my professional life, ie commitment to my patients (with the mindset that some patients may hear or read this).

It  IS  IS Not acceptable to me for patients to be informed of any memorial plans and welcomed to attend.

In the case of an incapacitation, the Practice Executor should immediately initiate all clinical responsibilities as described above. Please consult with my personal executor regarding my medical status and prognosis, allowing adequate time to determine if I may recover before completing the administrative steps of formally closing my practice. If I am competent and able to communicate effectively, my instructions at that time will take precedence over this document.

#### FIFTH

Copies of this Professional Will are located as follows: with my attorney, my Personal executor, my professional liability insurance, and my colleague \_\_\_\_\_ who agrees to share responsibility with my Personal executor to notify Practice Executor in the event of my incapacitation or death.

The practice executor will bill my personal estate \_\_\_\_\_ (a reasonable rate or a flat fee, or make a donation, or hourly rate,) for time spent in fulfillment of these duties. My personal executor agrees the estate will honor this contract.

Thank you very much for the effort this will take. I greatly appreciate your friendship and devotion to me and to patients in handling this sensitively.

I declare that the foregoing is true and correct.

Executed at \_\_\_\_\_, on \_\_\_\_\_.

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

I, \_\_\_\_\_ (PE) accept the responsibilities of serving as the Practice Executor for \_\_\_\_\_ and if called upon, I will administer this will to the best of my abilities.

Printed Name: \_\_\_\_\_

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

I, \_\_\_\_\_ (Personal Exec) accept the wishes of \_\_\_\_\_ regarding her Private Practice and the duties of the Practice Executor as described in this document.

Printed Name: \_\_\_\_\_

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

**WITNESSES**

Printed Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

Attach list of accounts and password info.

[Topics for discussion with your professional executor:

Your therapeutic style, types of patients, emphasis placed on attachment relationships, average duration of therapy, etc. The more information the executor understands the type of work you do and the way you relate to your patients, the more sensitively the executor may be interacting with your patients.]

You may also wish to add a section of the will with instructions regarding the notification of supervisees, colleagues, teaching positions, organizational positions, etc.

If you are a practice owner, include a section naming an Associate to step into your leadership role to run the practice until your personal executor has time to make business decisions about the future of the practice.