

## PROFESSIONAL WILL of <YOUR NAME>

I, <YOUR NAME>, residing at <YOUR ADDRESS>, declare this to be my Professional Will. This supersedes all prior Professional Wills which may have been executed by me.

This is not a substitute for a personal last will and testament. It is a formalized set of detailed instructions intended to give authority and direction to my Professional Executors regarding my psychotherapy practice, and, in particular, to ease the transition for my clients in the event of my incapacitation or death.

### FIRST

I am a practicing psychotherapist licensed in the State of Georgia. My License # is <LICENSE NO>. My office address is: <OFFICE ADDRESS>.

### SECOND

In the event of my death or incapacitation, I appoint <EXECUTOR> as my Professional Executor who has agreed to serve in this role, and whose office phone number is: <EXECUTOR PHONE>, cell phone number is: <EXECUTOR CELL>, and whose office is located at: <EXECUTOR ADDRESS>.

In the event that my primary Executor is unavailable or unable to perform this function, I appoint <NAME> as Secondary Professional Executor. In the event that my primary Executor is unavailable or unable to perform as my Professional Executor, and I am unable to name a Secondary Professional Executor, then I designate my spouse/partner, <SPOUSE/PARTNER NAME>, as my agent to appoint a Secondary Professional Executor. My Secondary Professional Executor may also assist my Executor in any matter requested by her to properly administer this Professional will. I also authorize my Professional Executor to name any colleagues in my profession, in addition

to the Secondary Professional Executor already mentioned, to help carry out any tasks related to my practice.

I hereby grant my Professional Executors full authority to:

- Act on my behalf in making decisions about storing, releasing and/or disposing of my professional records, consistent with relevant laws, regulations and other professional requirements.
- Access my bank accounts and banking information.
- Access my billing, financial and client records.
- Carry out any activities deemed necessary to properly administer this professional will.
- Delegate and authorize other persons determined by them to assist and carry out any activities deemed necessary to properly administer this professional will.

#### THIRD

The executor of my personal last will and testament is: **<NAME>**, whose phone number is: **<PHONE>** and who is located at **<ADDRESS>**. The alternate executor of my personal last will and testament is **<ALTERNATE PERSONAL EXECUTOR>**, whose phone number is **<ALTERNATE PHONE>**.

#### FOURTH

Copies of a separate "Files, Passwords, and Contacts List" are stored with copies of my Professional Will in the locations specified below in section FIFTH. This list is intended to be maintained and updated as needed to facilitate access to all relevant contacts, client records and other relevant documents, including all relevant hard copy and electronic files as well as back-up files. I specifically authorize my Professional Executor to access my digitally stored files and information related to my email, bank records, online bank account access, client or business files or records, and such other online or digital files as

may be related to my psychology practice at the time of my death or incapacitation. The list includes:

- Names and contact information for individuals who may be able to assist in locating/accessing my client records and other relevant professional documents.
- Location and/or how to access current client records
- Location and/or how to access past client records with passwords
- Location and/or how to access my professional billing and financial records with passwords
- Location and/or how to access my appointment book and client phone numbers ● Location of the computer and other electronic devices used for my psychology practice along with associated passwords
- My professional e-mail and website addresses with passwords
- My office phone number and voicemail access code
- Location of any necessary keys you will need for access to my office, filing cabinets, storage facilities, etc.

#### FIFTH

My specific instructions for my Professional Executors are:

A. I would like to express my deep appreciation for your willingness to serve as my Professional Executor.

B. There are four copies of this Professional Will. They are located as follows: one is in your possession; one is with my personal will; one is with my billing department which also has a copy of professional liability insurance policy; and one is in the possession of my attorney.

C. A list of current and past clients and their phone numbers who are to be notified about my death is located with my professional records or with a copy of my Professional Will and relevant documentation of my professional liability insurance policy. Additionally, names and phone numbers of other professionals who collaborate in providing client care will be noted in the client's file. Please use your clinical judgment and discretion in deciding how best to notify current and past clients of my death or incapacity and whom to contact for further information, consistent with ethical and legal requirements.

1) If possible, please notify my current and past clients by phone, offering face-to-face meetings with those who wish to do so. Please offer referrals to those clients for whom I have not already provided referrals. You may refer clients to yourself.

2) My office and cell phone voicemail messages should be changed to a general message that gives a phone number to call for assistance.

3) An email autoreply should be placed on my email account that says I am not available, and that gives a phone number to call for assistance.

4) Any client who cannot be reached by phone should be contacted by mail. Each client should be informed in the letter that I have become unable to continue my practice and that he/she should contact you for further information and assistance in arranging for alternative treatment.

5) In the event of my death or serious impairment for which recovery is unlikely, clients should be provided with necessary information as directly as possible with obvious consideration for tact, timing and discretion particular to the situation. In the event that I am impaired with an indeterminate prognosis, greater care should be exercised in how much information is disclosed with the promise of providing additional details as the situation unfolds and becomes clearer.

D. My professional liability insurance is currently provided through the **<LIABILITY INSURANCE PROVIDER>**, whose phone number is **<INSURANCE PHONE>**. My policy # is **<POLICY NO>**.

Please notify my professional liability carrier in writing of my death as expeditiously as possible and arrange for any additional coverage that may be appropriate. Please also notify the State Licensing Board(s), and the following professional organizations of which I am a member: **<LIST PROFESSIONAL ORGANIZATIONS>**.

E. Please arrange for clinical information to be shared with clients' new psychologist or other mental health professional upon receipt of a written consent from the client.

1) All the remaining client records should be maintained according to the relevant federal, state, and local laws and regulations governing record retention and the most recent record keeping guidelines of my licensed association.

2) All of these records are absolutely confidential and are to be read by no one unless compelling legal authorization is provided. In the event of such authorization the records should be copied and sent.

3) All records, active and inactive, are to be maintained safely and securely, with properly limited access. They must be able to be retrieved in a timely manner at the discretion of **<EXECUTOR>** or a person she designates as custodian of my records. Any such designee must understand and agree to abide by these instructions. It is also suggested that any records of individuals where there has been or is likely to be legal action(s) should be retained indefinitely. This will be indicated on my client list.

4) When disposing of outdated records, process notes, and personal notebooks please ensure it is done in a manner that destroys all materials that could identify the client, e.g. burning or shredding.

F. Manage and oversee the closing of my office space, as well as manage and oversee any remaining accounts receivable that are outstanding.

G. Make appropriate changes to the outgoing messages on my telephone answering service and cell phone. The access codes for each are listed on the separate Files, Passwords, and Contacts List page.

H. You may bill my estate for your time and expenses that you may incur in executing these instructions including any accounts receivable management as may be necessary, at a rate that is reasonable for such services. <billing service> should be compensated for any additional administrative time required to finalize my accounts. You are authorized to hire and compensate such professional assistance as you deem necessary.

STATE OF GEORGIA  
COUNTY OF \_\_\_\_\_

I declare the foregoing is true and correct.

Executed this \_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Your name

\_\_\_\_\_  
Date

Sworn to and Subscribed before me

This \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

WITNESSES:

1. Printed Name: \_\_\_\_\_

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

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

2. Printed Name: \_\_\_\_\_

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

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

**Information for Professional Executor:  
Files, Passwords and Contacts List**

I, <YOUR NAME>, am providing the following information for use by my Professional Executor according to the provisions of my Professional Will, section FIFTH. Copies of this “Files, Passwords, and Contacts List” are stored with copies of my Professional Will in the following locations: one is in the possession of my professional executor; one is in the possession of my attorney; one is with my personal will; and one is with my billing department which also has a copy of professional liability insurance policy.

This list is intended to be maintained and updated as needed and to include sufficient detail to facilitate access to all relevant professional documents including patient contact information, patient records and other relevant documents, including hard copy and electronic files as well as back-up files.

This list was created/updated on: <DATE>.

- Office address.
- Location of keys and fob for office, alarm codes, and personal address and alarm codes.
- Current patient records filing cabinet location and key location.
- Old patient records (not in storage) and key location.
- Individuals who may be able to assist in locating/accessing keys or relevant professional documents:
  - Name:
  - Relationship:
  - Address:
  - Phone:
- Appointments information location and access instructions.
- Primary location for patient contact information within files.



- Offsite storage of patient records information:
  - Company
  - Phone
  - Website
  - Account #
  
- Billing, financial and patient contact records related to my professional practice are located at:
  - Billing company
  - Contact info
  - Account #
  
- Bank account information.
  
- Professional liability insurance policy:
  - Company:
  - Policy Number:
  - Phone number:
  
- Computer location and access information.
  
- Cellphone information and unlock codes.
  
- Email information and passwords.
  
- Phone and voicemail information and passwords.
  
- Social Media: I maintain business accounts or pages on the following social media platforms. Login instructions are included for each.
  - **Facebook:** Username \_\_\_\_\_ Password \_\_\_\_\_
  - **LinkedIn:** Username \_\_\_\_\_ Password \_\_\_\_\_
  - **Twitter:** Username \_\_\_\_\_ Password \_\_\_\_\_
  - **Instagram:** Username \_\_\_\_\_ Password \_\_\_\_\_
  - **Other:** Username \_\_\_\_\_ Password \_\_\_\_\_