

# Professional Will Template

**Important note from our Legal Eagles:** We know you know this, but we need to say it anyway. The information in this template is general in nature and is not legal advice. Consider consulting with an experienced attorney to prepare a Professional Will.

## I. INTRODUCTION

I, **[full legal name]** declare this document to serve as my Professional Will. I am a **[professional title]** practicing under license # \_\_\_\_\_. My principal office address is located at \_\_\_\_\_. I have additional offices located at **[list additional office addresses here, if applicable]**.

This current document supersedes any previous Professional Wills and aims to ensure the continuation of my clinical practice in the event of my disability, incapacity, or death. This Professional Will does not take the place of my personal Last Will and Testament. This document has been created to offer guidance and clarity to those included in the transition of my professional obligations.

## II. EXECUTORS AND CONTACT INFORMATION

I appoint **[full executor's name]**, currently residing at **[executor's address]**, as the primary Executor of my professional will. This individual has agreed to participate in this role. His/her contact information is stated below:

- Principal office address: **[executor's principal office address]**
- Email: **[executor's email address]**
- Phone number: **[executor's phone number]**

In the event that **[full executor's name]** will not or cannot properly execute the tasks of my professional will, I appoint **[full secondary executor's name]** as my Secondary Executor. This individual has agreed to participate in this role. His/her contact information is stated below.

- Principal office address: **[secondary executor's principal office address]**
- Email: **[secondary executor's email address]**
- Phone number: **[secondary executor's phone number]**

**[If desired, add a personal note of appreciation to executors here.]**

**[If desired, add commentary about executors having rights to use other designees consistent with their professional judgment to help carry out tasks.]**

## III. CONDITIONS FOR EXECUTING THIS PROFESSIONAL WILL

In the event of a sudden medical event, injury, detainment, disappearance, or any other unforeseen circumstance that may hinder my ability to fulfill professional duties and client appointments (referred to collectively as an "Initiating Event"), I authorize my family to promptly contact the Executor if I cannot personally inform clients or ensure continuity of care.

The designated family members responsible for informing the Executor of an Initiating Event should make efforts to do so for a minimum duration of **[number] [hours/days]**. If the Executor cannot be contacted within this timeframe, the Secondary Executor should be informed. Should the Executor respond subsequently to notification of the Secondary Executor, they shall assume immediate responsibility as outlined herein.

The Secondary Executor will then collaborate with the Executor to ensure seamless handling of the process, thereby maintaining continuity of client care.

If my family is unable to reach the Executor and I remain unreachable for at least **[number] [hours/days]** due to an unexpected absence, and if the Executor believes that an Initiating Event has likely occurred, they are instructed to initiate the execution of this Professional Will independently.

Suppose my family is unable to reach the Executor, but credible sources (such as news reports) inform the Executor of the occurrence of an Initiating Event. In that case, they should promptly execute this Professional Will without delay.

Unless specified otherwise, any mentions of the "Executor" also pertain to the Secondary Executor when acting in the capacity of Executor. Additionally, any references to "you" denote the individual fulfilling the role of Executor.

## IV. SPECIFIC ACCESS PROTOCOL

*Under no circumstances should any of the following elements be accessed without an Initiating Event.*

**Client Records:** The clinical records of my active clients are stored securely **[describe the storage method, whether physical files in an office or electronic records]**. Access to these records is as follows:

- For physical files: **[Specify who holds the keys or where spare keys can be located]**
- For electronic records: **[Provide the specific URL for login and include username and password]**

**Office Premises:** My office locations are detailed in Section I. Additional office keys are held by **[person]**, tasked with providing access to the Executor or Secondary Executor as needed during the execution of this Professional Will.

**Computer System:** For professional tasks, I use a business computer at **[location]**. This device can be easily identified by **[description or unique markings]**. Please note that access to this computer requires the password **[password]**.

**Telecommunications:** My practice's phone number is **[number]**. My voicemail can be accessed through the following steps: **[Instructions for accessing voicemail, tailored to various service providers]**. I typically attempt to return calls from clients and prospective clients within **[specified timeframe]**. In the event of an Initiating Event, the Executor should promptly update the outgoing voicemail message to inform callers of my absence and provide guidance for contacting the Executor directly.

**Email Correspondence:** My professional email address is **[your email address]**. Access to this account is available via **[web access address]** using the username **[your username, typically the portion before the @ sign]** and password **[your email password]**.

**Website Management:** My practice's website is maintained at **[web address]**. To make updates to the website, visit the **[login page]** and input my username **[your username, often matching your email address]** and password **[password]**. Any modifications to the website should only be considered if the Executor (or Secondary Executor if acting as Executor) reasonably anticipates my inability to return to practice for at least **[specified duration]** as outlined in Section IX ("Long-term absence") below.

**Marketing:** I list my practice on various therapist directories. Below is each website's individual login information:

**[List all directory website usernames and passwords in alphabetical order.]**

Please note that no modifications to these listings should be required unless the Executor determines that I will be unable to return to practice for at least **[number] [days or months]**, as detailed in Section IX (“Long-term absence”).

**Social Media:** I maintain business accounts on social media. Below is each platform’s individual login information:

**[List all social media website usernames and passwords in alphabetical order.]**

**Please note:** No alterations to these accounts or posts on my behalf should be necessary unless the Executor believes that I will be unable to return to practice for at least **[number] [days or months]**, as outlined in Section IX (“Long-term absence”).

## V. NOTICE OF ABSENCE

**Client Information:** An updated roster of my active clients, along with their contact details, can be accessed via **[indicate your electronic records system or physical location where they can be obtained]**.

**Former Client Communication:** Typically, it is unnecessary to contact any former clients unless it pertains to balance collection or ongoing engagement. Please use your professional discretion to reach out to former clients only when necessary, ensuring appropriateness and providing pertinent details regarding my circumstances.

**Employer Notification:** My current employers consist of:

- Organization: **[Organization]**, Contact: **[Name]**, Phone: **[Number]**
- Organization: **[Organization]**, Contact: **[Name]**, Phone: **[Number]**
- Organization: **[Organization]**, Contact: **[Name]**, Phone: **[Number]**

Please use your professional judgment to determine the level of detail to share about the event and the anticipated duration of my absence. Note that all employers should be contacted immediately following the Initiating Event.

**Supervisee Information:** An up-to-date list of my supervisees, along with their contact information, is available at **[indicate your electronic records system or physical location where they can be obtained]**. Immediate notification of my Initiating Event is required for all supervisees. Please exercise discretion in providing additional details about the event and its expected duration.

**Other Contacts:** **[If necessary, provide specific instructions for notifying any other relevant parties who should be promptly informed of your absence.]**

## VI. CLIENT CONTACT AND CONTINUITY OF TREATMENT

**Clients:** Assess clients’ needs through contact, record review, and meetings as necessary. Inform clients of their ability to choose whether to continue care during my absence and if so, their ability to choose which provider to work with. For clients not suitable for your practice, ensure continuity of care by coordinating referrals to other mental health professionals.

**Client Balances:** You can review client balances by **[provide instructions here]**. Clients with active balances paying with their credit card can **[continue to do so/be instructed to pay via an alternative payment means]**. Clients paying for services with cash or check must make their payments payable to **[name/practice name]**. As much as possible, please work with my family to continue paying any direct expenses related to my practice.

Collaborate with my family to determine that automated payments for any debt carried by my practice continue to be carried through.

[If desired, make any notes regarding waiving client balances/fees in the event of your absence here.]

**Supervision/Consultation:** Provide instructions tailored to the standards and expectations of your supervision or consultation responsibilities for continuity during my absence.

## VII. PROFESSIONAL ITEMS: DEATH OR LONG-TERM ABSENCE

In the event of my death, or if I am unable to return to my practice for at least [number] days, I authorize the Executor to use their clinical judgment to carry out the tasks of this Professional Will.

**Online Presence:** Please inform potential clients of my absence and provide referrals to appropriate providers. If former clients request treatment records or other additional items, please attend to these needs accordingly.

**Professional Liability Insurance:** Please contact my professional liability insurance. Their information is [name, phone number]. My current policy number is [policy number].

**Licensing Board:** Please contact my state licensing board. I am licensed under [license board name], and their contact information is [phone number or email address]. Please [indicate a preference to cancel your license OR allow it to expire].

## VIII. COMPENSATION NOTE

[Include this section if you plan to compensate the executor.]

Upon executing this Professional Will, my estate will be paying the Executor [flat rate amount/hourly rate]. List any other relevant compensation details here.

## IX. PROFESSIONAL WILL COPIES

I have [number] copies of this Professional Will. They have been given to [names].

I declare that the foregoing is true and correct.

Print Name:

Signature:

Date:

### Witnesses

Name:

Address:

Signature:

Name:

Address:

Signature: