

Example of a 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 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 practice and client records in the event of my incapacitation or death.

FIRST

I am a practicing _____ licensed in _____. My license # is _____. My principal office address is _____. In the event of my death of incapacitation, I hereby appoint as my Professional Executor _____, who has agreed to serve in this role. His/her telephone number, email address, and mailing address are _____.

In the event that _____ is unavailable or unable to perform this function, I hereby appoint as Secondary Professional Executor _____, who has agreed to serve in this role. His/her telephone number, email address, and mailing address are _____.

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 and client records, consistent with the applicable federal and state laws and regulations, and other professional requirements.
- Carry out any activities deemed necessary to administer this Professional Will.
- 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 attorney for this Professional Will 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 _____.

THIRD

Copies of a separate list of files, passwords, contact list, and client list are stored with copies of my Professional Will in the locations stated in section FOURTH (A). This list includes: names and contact information of individuals who may assist in locating and accessing my client records and other relevant professional documents; locations and how to access all client records; locations and how to access my professional billing and financial records, appointment book, client telephone numbers and related contact information; the location of the computer and other

electronic devices used for my practice; passwords for my computer and other electronic devices used for my practice; my professional email and website address with passwords and codes; my office telephone numbers and voicemail access codes; 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

- A. There are four copies of this Professional Will located as follows: with my attorney, _____.
- B. Use your professional judgment and discretion regarding notification existing and past clients of my death or incapacity and who to contact consistent with ethical and legal requirements.
- C. Subject to clinical indications, my Professional Executor or those professionals appointed and referred there from, may offer personal counseling to certain clients as duly specified by my Professional Executor.
- D. Notify my insurance carrier(s) of my death and arrange for coverage as appropriate and prorated refunds to my Estate as appropriate. Also notify the State Licensing Board.
- E. Arrange for each client’s records to go to their new practitioner if applicable, with each client’s consent. All remaining records must be maintained pursuant to state and federal laws and regulations.
- F. My Estate is to be billed for all expenses incurred and services rendered on its behalf by my Attorney at the rate of _____, and by my Professional Executor at the rate of _____. All other expenses and services performed on behalf of my Estate are to be billed to my Estate at a reasonable cost.

I declare that the foregoing is true and correct.

Executed at _____, on _____.

Signature: _____

WITNESSES

Printed Name: _____ Signature: _____ Date: _____

Address: _____

Printed Name: _____ Signature: _____ Date: _____

Address: _____