

# PROFESSIONAL WILL/ SHORT FORM

## INSTRUCTIONS IN THE EVENT OF MY DEATH OR INCAPACITATION

The following is intended to give authority and instructions to my Professional Executors so that they can contact my patients, ease their transition, and begin the process of temporarily or permanently closing my professional practice, in the event of my incapacitation or death.

Name:  
Discipline:  
Date:  
Licensure: State: License #:  
State: License #

Office Address:

Additional Office Address:

\_\_\_\_\_

In the event of my death or incapacitation, the following colleagues have agreed to act as my team of Professional Executors :

Primary Executor: Name: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Office Address: \_\_\_\_\_

Co-Executor: Name \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Office Address: \_\_\_\_\_

### ACCESSING RECORDS AND CONTACTING MY PATIENTS

A. My current patient records are located at: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. My past patient records are located at: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. A list of my current patients with their phone numbers can be found as follows (update this list every 3 months or as needed): \_\_\_\_\_  
\_\_\_\_\_

D. Billing and financial records related to my professional practice are located at: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Some or all of my patient, billing and financial records are on a computer, located at: \_\_\_\_\_

F. The records are in the following folders and / or files: \_\_\_\_\_

Relevant passwords: \_\_\_\_\_

G. My appointment book and / or schedule can be found at: \_\_\_\_\_

H. My office phone number(s): \_\_\_\_\_ and the code(s) to access my voice mail: \_\_\_\_\_

I. Any necessary keys you will need for access to my office, filing cabinets, storage facilities, etc. are located at: \_\_\_\_\_

**My specific instructions for my Professional Executors:**

First of all I would like to express my deep appreciation for your willingness to serve as the Professional Executors for this will.

- 1) If possible please notify my current and past patients by phone, offering face-to-face meetings with those who wish to do so. My team of Co-Executors and anyone else the Executor appoints may help with these meetings. Please offer referrals to those patients for whom I have not already provided referrals. You may refer patients to yourself.
- 2) Any patient who cannot be reached by phone should be contacted by mail. Each patient should be informed in the letter that I have become unable to continue my practice and that he/she should contact one of the (above mentioned) Co-Executors for further information and assistance in arranging for alternative treatment.
- 3) In the event of my death or serious impairment for which recovery is unlikely, patients should be provided with as much 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.

4) Following are specific instructions about what should be communicated to my patients:

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

E. Please arrange for copies of patients' records to go to their new therapists upon receipt of a written request for those records and signed release from the patient.

All the remaining patient records should be maintained according to the relevant federal, state, and local laws and regulations governing record retention. For example in NY, state regulations for Psychologists require that patient records must be maintained for at least 6 years after last contact and records of minor patients must be retained for at least 6 years and until one year after the minor patient reaches the age of 21 years. In NJ, state regulations for Psychologists require that patient records be kept for 7 years after last contact and 3 years after the minor patient reaches the age of 18 years.

F. Make appropriate changes to the outgoing message on my telephone answering machine.  
Dial \_\_\_\_\_ to access my answering service. The password(s) to access  
messages and make changes to the outgoing message is \_\_\_\_\_. The  
mailbox number is ( ) \_\_\_\_\_.

I. Following are some additional thoughts I would like to share:

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

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

*Prepared 4.22 by the Committee on Professional Wills:  
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SUM:

- 1- Not a legal document.
- 2- List each pt. & specific vulnerability & type of referral you recommend.
- 3-CONFIDENTIALITY. There's an obligation to protect confidentiality. .  
Maintain store & dispose of confidential records.
- 4-Store this doc with other personal wills... so not disappear.