

PROFESSIONAL WILL

Prepared by the Committee on Professional Wills: NYU Postdoctoral Program in Psychotherapy and Psychoanalysis. 4.22

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I, _____, residing at _____ declare this to be my Professional Will. This supersedes all prior Professional Wills in the event that there are any.

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

FIRST

I am a licensed _____, (state) _____ License # _____, and (state) _____ License# _____ in private practice. My office address is: _____

I also maintain an office at: _____

SECOND

In the event of my death or incapacitation, I appoint _____ as my Professional Executor, whose phone number is: _____ and whose office is located at: _____.

I also appoint the following colleagues to serve as my team of Professional Co-Executors who will assist my Executor in any matter deemed necessary to properly administer this Professional will.

They include: (Name) _____ phone _____
Office address _____
Email _____

(Name) _____ phone _____
Office address _____
Email: _____

In the event that my primary Executor is unavailable or unable to perform this function, I hereby appoint _____ from my team of Co-Executors, as a backup Professional Executor. I also authorize my Professional Executor to name any colleagues in my profession, in addition to the Co-Executors already mentioned, to help carry out any tasks related to my practice.

THIRD

(Optional)

The attorney for my professional practice is: _____, whose phone number is _____, email is _____ and whose offices are located at: _____
The attorney for my Estate is _____, whose phone is _____ and email is _____ whose offices are located: _____

FOURTH

The executor of my personal will is: _____, whose phone is: _____, and email is _____ who is located at _____

_____.

FIFTH

*Include specific address and whereabouts

A. My current client records are located at: _____

B. My past client records are located at: _____

C. Billing and financial records related to my professional practice are located at: _____

D. Some or all of my patient, billing and financial records are on a computer, located at: _____

The password to access my computer is _____ and the program that houses these records is _____.

E. My appointment book and patient phone numbers are located at: _____

(optional)

F. My professional e-mail address(es) _____, and the password (s) to access my e-mail accounts _____

Instructions for amending my professional website _____

G. My office phone number is: _____, and the code to access my voice mail is: _____

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

I. For assistance in locating/ accessing my records you may contact: _____, whose phone is: _____, and whose address is: _____

In addition, the following person(s) may be helpful in locating/accessing my records: _____

SIXTH

My specific instructions for my Professional Executors are:

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

B. There are four copies of this Professional Will. They are located as follows:

- a. One is in your possession.
- b. One is with my personal will.
- c. One is with my professional liability insurance policy.
- d. One is in the possession of my attorney (optional).
- e. Other

C. A list of current and past patients and their phone numbers who are to be notified about my death and any planned memorial services (as defined in my will) is located with the copy of my Professional Will and relevant documentation of my professional liability insurance policy. This file is located at _____

- a) 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.
- b) 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.
- c) 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.
- d) Following are specific instructions about what should be communicated to my patients:

D. My professional liability insurance is currently provided by: _____,
whose phone number is: _____, and email is _____
whose address is _____
My policy # is _____.

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 at _____, and the following professional organizations of which I am a member:

_____.

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.

a) 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. In addition to my charts there may be process notes. These notes are not to be considered part of the chart and should not be released to anyone for any reason except in the event of the need to defend myself or my estate against a lawsuit.

b) 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 (name executor) _____ or a person he/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 patient list.

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 patient, e.g. burning or shredding.

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 _____.

G. If you need any further information or an update of requirements, you can contact my professional association _____ e.g.: the NYSPA number is 800-732-3933, the NJPA number is 973-243-9800, and the APA number is (800) 374-2721.

H. My team of executors and I have agreed upon the following compensatory arrangements for time and other expenses incurred in executing these instructions (indicate if this is a voluntary arrangement or whether the executors are to be paid and if so at what rate:

I. Following are some additional thoughts I would like to share (optional)

I declare under the laws of the State of _____ that the foregoing is true and correct.

Executed at _____, on _____.
Location Date

Signature

WITNESSES:

Printed Name: _____

Signature: _____

Residing at: _____

Printed Name: _____

Signature: _____

Residing at: _____