

## PROFESSIONAL WILL\*

I, \_\_\_\_\_, a resident of the County of \_\_\_\_\_, State of \_\_\_\_\_, being of sound and disposing mind and memory, do hereby declare this to be my Professional Will. This supersedes all prior Professional Wills, in the event 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 Executor regarding my psychology practice in the event of my incapacitation or death.

### FIRST

I am a licensed psychologist in independent practice. My \_\_\_\_\_ License # is \_\_\_\_\_.  
My office address is: \_\_\_\_\_

I also maintain an office at: \_\_\_\_\_

### SECOND

In the event of my death or incapacitation, I hereby appoint \_\_\_\_\_, whose phone number is: \_\_\_\_\_ and whose office is located at: \_\_\_\_\_

\_\_\_\_\_ as my Professional Executor.

In the event that \_\_\_\_\_ is unavailable or unable to perform this function, I hereby appoint \_\_\_\_\_ whose phone number is \_\_\_\_\_ and whose office is located at: \_\_\_\_\_

\_\_\_\_\_ as a backup Professional Executor.

I hereby grant my Professional Executors full authority to:

- a. Act on my behalf in making decisions about storing, releasing and/or disposing of my professional records
- b. Carry out any activities deemed necessary to properly administer this Professional Will.
- c. Delegate and authorize other persons determined by them to assist and carry out any activities deemed necessary to properly administer this Professional Will.

### THIRD

My attorney for my Professional Will is: \_\_\_\_\_, whose phone number is \_\_\_\_\_ and whose offices are located at: \_\_\_\_\_

### FOURTH

The executor of my current personal will is: \_\_\_\_\_, whose phone number is: \_\_\_\_\_, and who is located at: \_\_\_\_\_

**FIFTH**

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

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

C. Billing and financial records related to my psychology practice are located at:  
\_\_\_\_\_.

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

E. My appointment book and client phone numbers are located at:  
\_\_\_\_\_.

F. My e-mail address is \_\_\_\_\_, and the password is \_\_\_\_\_.

G. My office phone number is: \_\_\_\_\_, and the voice mail access code 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 number 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 Executor are:

A. First of all, I would like to express my deep appreciation for your willingness to serve as the Professional Executor 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 in the possession of my attorney.
  - c. One is with my personal will.
  - d. One is with my professional liability insurance policy.

C. A list of current and selected past clients and their phone numbers who are to be notified about my death and any planned memorial services is located with the copy of my Professional Will in my professional liability insurance file. This file is located at: \_\_\_\_\_.

- a. Please use your clinical judgment and discretion in deciding how you want to notify current and past clients and whether or not to publish a notice in the newspaper notifying clients of my death

and who to contact for further information.

b. Please use your clinical judgment and discretion in deciding whether or not to arrange a special memorial service for clients only. In that eventuality you may wish to request that one or more therapists actively participate in the service.

c. If clinically indicated, you may wish to offer a face-to-face meeting with some clients. You may also wish to provide three referral sources, which can, of course, include yourself.

D. My professional liability insurance is currently provided by: \_\_\_\_\_, whose phone number is: \_\_\_\_\_, and 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 Psychology Licensing body at \_\_\_\_\_.

E. Please arrange for copies of referred clients' records to go to their new therapists.

All remaining records should be maintained according to the Record Keeping Guidelines<sup>1</sup> of the American Psychological Association (1993), in particular the following sections:

a. The psychologist is aware of relevant federal, state, and local laws and regulations governing record retention. Such laws and regulations supersede the requirements of these guidelines. In the absence of such laws and regulations, complete records are maintained for a minimum of 3 years after the last contact with the client. Records, or a summary, are then maintained for an additional 12 years before disposal. If a client is a minor, the record period is extended until 3 years after the age of majority.

b. All records, active and inactive, are maintained safely, with properly limited access, and from which timely retrieval is possible.

For further information please refer to the APA Record Keeping Guidelines (1993) and relevant state regulations. 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.

When disposing of outdated records, please ensure it is done in a manner that destroys all materials that could identify the client, eg. burning or shredding.

F. If you need any further information or an update of requirements, you can contact the \_\_\_\_\_ (local association) at \_\_\_\_\_, the \_\_\_\_\_ (state association) at \_\_\_\_\_, or the American Psychological Association at (800) 374-2721.

G. You may bill my estate for your time and any other expenses that you may incur in executing these instructions. Unless otherwise ordered by the court, the hourly rate of \_\_\_\_\_ is acknowledged to be reasonable.

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<sup>1</sup> Please note: This version of this document, provided by permission from the San Diego Psychological Association, does not reflect current 2008 APA recordkeeping guidelines. Please adjust per current APA guidelines and State statutes.

I declare under penalty of perjury and 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: \_\_\_\_\_

**\*DISCLAIMER**

The Guidelines for Preparing a Professional Will are for informational purposes only. This sample Professional Will is a composite of many different Professional Wills. The suggestions of the Task Force on Psychologist Retirement, Incapacitation or Death are not equivalent to legal advice from an attorney. The Task Force therefore makes no warranty regarding this sample Professional Will. Each individual psychologist should consult his/her own attorney in order to draft the Professional Will appropriate to his/her professional situation.