

PROFESSIONAL WILL

Name

License

Office Address

Phone:

Fax:

E-mail:

CONFIDENTIAL

This document specifies my wishes regarding matters related to my psychoanalytic and psychotherapy practice in the event of my death or inability to work. My intent is to provide for an orderly and ethical transition concerning the care of my patients (aka clients) and an orderly disposition of matters relating to the business of my therapeutic practice. Some patients may be strongly affected by my illness, incapacity or death. The following instructions are thus intended to reduce the stress to my clients, colleagues and family.

This is a private and confidential document to be available only to people I have designated to handle specific professional responsibilities in my absence as set out below. I have given each such person a copy of this document.

A separate, formal, legal will related to my personal life has been executed and filed, and a copy is on file with _____ and my attorney, _____.

EMERGENCY RESPONSE TEAM: I am naming an Emergency Response Team (ERT) to handle clinical responsibilities in the event of my death or sudden incapacity. The ERT is a specific group of my colleagues who have agreed to assist me, or my estate, in case of my inability to carry out my professional role and responsibilities. The ERT may replace members for a smoother transition or may choose to add members or assign tasks to other professionals of their choosing.

I authorize the following people as members of my ERT:

I designate _____ to be the Bridge Therapist to enlist the help of the other members of the ERT in contacting and informing patients about my status and assisting in whatever way seems appropriate to carry out the wishes expressed in this Professional Will.

I suggest that the members of the ERT work with each other to divide the clinical responsibilities and provide support to each other. Initial clinical responsibilities will include notification of patients, be available to serve as a “bridge” consultant to meet with patients at request of patient, and to be a resource for appropriate referrals for ongoing treatment for patients who make such a request. These are crucial transitional roles for assisting all active patients in my caseload.

Two members of my ERT, _____ & _____

will have a set of keys to gain access to my office and to the locked files located there. Alternatively, he/she may also gain access to those files by contacting my spouse, who will have a duplicate set of keys.

In all actions taken by the ERT, I request that the ERT be mindful of the need to protect confidentiality and that they avoid unnecessary disclosures regarding patients. I ask that the ERT ask my family members to respond to questions and needs only when absolutely necessary. I ask that ERT members use their clinical judgment about whether to pass information between my clients, my family, and myself.

ERT List of Tasks:

- ❖ **Cancel my appointments:** if I am unable to do so.
 - I ask that a member of my ERT put a note either in my waiting room and/or on my office door saying that “Dr. _____ is unavailable to meet today. Please check your phone for a message.”
- ❖ **Voicemail:** Retrieve messages from and record a new outgoing message on my office voicemail. Instructions for using and accessing my voicemail are:

_____.
 - I ask that the new outgoing message state “You have reached the office of _____ who is unavailable to keep her appointments this week. If you are a current client, you can expect a call shortly. Otherwise, if you would like your call returned, please leave a message at the tone, including your phone numbers and times when you can be reached.”
 - I ask the ERT to retrieve and respond promptly to messages and phone calls from my clients as best they can.

- Notifying My Patients. I ask the ERT to promptly inform my current and recent clients by telephone of my inability to return to work or my death.
- I strongly prefer that any message left on a client's mobile phone, answering machine or with an answering service be limited to the request to return a phone call. An acceptable message might be, "Hello. My name is._____. Your analyst, Dr. _____ has asked me to contact you regarding your appointments with her. Please call me at _____"
- I ask ERT members to cancel my pending appointments, to offer consultation or referrals to other therapists. Pending appointments may be found in the following manner: _____.

Although it may be an additional burden, I suggest and request that you document your contacts with my patients. In addition, I ask that the members of the ERT send my current patients a letter notifying them of my circumstances and ERT availability for consultation.

In the event of my sudden incapacity or death, I ask the ERT to tell my clients as much or as little information as needed on a case-by-case basis to help them process their feelings. Please keep in mind that over time, whatever you disclose about me may become public knowledge.

Some clients may ask questions and others may not. I ask that ERT members respond with as little or as much information as they deem appropriate.

Professional Premises and Materials.

❖ OFFICE

- My primary professional office is located at _____ . I share a waiting room with _____ , and _____ administers business for the suite, which is where my mail is delivered. The landlord for the office is _____ . They can be reached at _____ during usual business hours. My sublettor is _____ . She should be contacted about anything that affects my hours of use of the office and hers, especially hours of access.

❖ PATIENT RECORDS, Confidential

- Current patient records are located at _____ .
 - ◆ My ERT can gain access to these records in the following manner: _____ .
- Closed Cases are stored at _____ .
 - ◆ My ERT can gain access to these records in the following manner: _____ .
- Personal notes that are not part of the formal patient record may be found in my office or home. My wishes regarding these notes are: _____ .
- Maintenance of confidential clinical records: Keep my clinical records for the duration of the statute of limitations in our state. Feel free to consult a knowledgeable attorney concerning the release of records requested in writing by current or former patients.

❖ SUPERVISION RECORDS

- Current supervisee records are stored _____ .
- Closed supervisee records are stored _____ .
- Contact Dean of the training institution for which I provide supervision. Please consult a knowledgeable attorney prior to releasing any confidential information.

- Private supervision records are to be treated in same confidential manner as private patient records.

❖ BILLING RECORDS

- All records pertaining to billing are located _____.
 - ◆ It is my wish that patients be billed for services rendered. Payments received can be deposited in the following manner: _____.
- Keep all my financial records, appointment records, and related notes for the duration of the statute of limitations in our state.
 - ◆ If a patient requests substantiation of a claim for insurance benefits and needs a listing of appointments and fees paid, that patient should be asked to repeat the request by letter. The signed letter becomes that patient's authorization for the release of information that is otherwise kept confidential.

❖ NOTIFICATION OF INSURANCE CARRIERS

- Malpractice: In the event of my death please notify, in writing, my malpractice carrier as soon as possible.
 - ◆ My current professional liability insurance is provided by _____. Their phone number and address is _____.
 - A copy of the face sheet for this policy can be found _____.
- Disability and Office Overhead Insurance: In the event of my death please notify, in writing my insurer: _____.

❖ OTHER PROFESSIONAL OBLIGATIONS

- Consider providing specific information about and instructions for teaching, speaking, writing, administrative responsibilities.
- Notification of professional organizations of which I am a member. These are listed in contact information and likely to become evident through mail and email renewal notifications.

❖ FINANCES

- Power of Attorney. _____, has my power of attorney and is thereby authorized to write checks and manage my professional finances.
 - ◆ He/she should be consulted on all financial matters pertaining to my clients, including billing records.
- Payment for ERT Services
 - ◆ I am grateful and aware of the commitment you are making and wish to remunerate you in the following manner:

_____.

Conclusion.

I thank my ERT members in advance for their help during this difficult time. I regret any problems these requests may cause. I

hope that you also take care of yourselves. I have chosen my friends and colleagues with great care. I trust your judgment and feel grateful that you have agreed to carry out my wishes. Thank you.

signature

date

CONTACT INFORMATION

Closest relative authorized for ERT to contact

ERT Members

Landlord

Office Sublettors

Office Suitemates

Computer consultant

Billing Service

Accountant

Attorney

Malpractice Insurance

Disability & Office Overhead Insurance

Professional Organizations

Employers

