Professional Will

Clinical executor designation for a therapy practice. Keep with your estate papers.

Name a clinical executor and a backup before you need one. Review every year.

Practice and the people in this plan

Practice, clinician and license(s) | States licensed | Date

Clinical executor, license | Phone | Email

Backup executor, license | Phone | Email

Estate executor or estate attorney | Phone | My personal will is kept at

1. When this plan starts

- [ ] My death
- [ ] Incapacity: cannot practice
- [ ] Unreachable (see days)
- [ ] I ask for help in writing

Who may confirm I cannot practice | Days unreachable | Executor acts until

2. What my clinical executor may do

- [ ] Access calendar and records
- [ ] Contact active clients
- [ ] Contact recent clients
- [ ] Cancel appointments
- [ ] Offer referrals
- [ ] Brief transition calls
- [ ] Secure all records
- [ ] Answer records requests
- [ ] Notify board and insurers
- [ ] Notify payers, stop billing
- [ ] Update voicemail, website
- [ ] Transfer records to custodian

Minimum necessary: my executor uses client information only to carry out this plan, and keeps it confidential.

3. How clients are told

- [ ] Phone call by executor
- [ ] Letter or secure message
- [ ] Voicemail and website notice

Script and letter templates kept at | Referral list kept at | Message from me to clients, if any

4. Records and access

Where client records are kept (EHR, paper, both) | Retention period under my state law

Records custodian, if not the executor | Agreement or BAA signed on | Access instructions kept at

Never write passwords on this form. Record only where sealed access instructions or password manager emergency access are kept.

5. Payment, insurance and review

Executor fee per hour | Paid from | Executor's coverage checked | Review this plan by

Special instructions (flag clients at higher risk in the EHR, not on this form)

Clinician signature | Date | Clinical executor signature | Date

Backup executor signature | Date | Witness or notary, if your attorney advises | Date

Copies: executor _____ backup _____ estate attorney _____ access letter at _____

Template to adapt. Not legal advice. Have an attorney review it with your personal estate plan.
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Clinical executor designation for a therapy practice. Keep with your estate papers.

FILLED EXAMPLE · fictional practice, clinicians, attorney and details

Practice and the people in this plan

Practice, clinician and license(s): Larkspur Lane Counseling, M. Halvorsen, LPC
States licensed: [State] only
Date: 11/10/2026

Clinical executor, license: J. Tran, LCSW, Lic. 000000 (fictional)
Phone: (555) 010-0148
Email: jtran@example.com

Backup executor, license: S. Abernathy, PsyD, Lic. 000000 (fictional)
Phone: (555) 010-0193
Email: sabernathy@example.com

Estate executor or estate attorney: K. Whitfield, Esq. (fictional)
Phone: (555) 010-0127
My personal will is kept at: Attorney's office, original

1. When this plan starts

- [x] My death
- [x] Incapacity: cannot practice
- [x] Unreachable (see days)
- [x] I ask for help in writing

Who may confirm I cannot practice: My physician or J. Tran with my spouse
Days unreachable: 5 business
Executor acts until: I return in writing or files close

2. What my clinical executor may do

- [x] Access calendar and records
- [x] Contact active clients
- [x] Contact recent clients
- [x] Cancel appointments
- [x] Offer referrals
- [x] Brief transition calls
- [x] Secure all records
- [x] Answer records requests
- [x] Notify board and insurers
- [x] Notify payers, stop billing
- [x] Update voicemail, website
- [x] Transfer records to custodian

Minimum necessary: my executor uses client information only to carry out this plan, and keeps it confidential.

3. How clients are told

- [x] Phone call by executor
- [x] Letter or secure message
- [x] Voicemail and website notice

Script and letter templates kept at: Binder in office safe + EHR doc
Referral list kept at: EHR document 'Referrals 2026'
Message from me to clients, if any: Short letter in the binder

4. Records and access

Where client records are kept (EHR, paper, both): EHR (cloud) since 2019; paper 2014 to 2019 in safe
Retention period under my state law: [State rule]: 7 yrs after last session

Records custodian, if not the executor: J. Tran (same)
Agreement or BAA signed on: 11/10/2026
Access instructions kept at: Sealed letter, K. Whitfield

Never write passwords on this form. Record only where sealed access instructions or password manager emergency access are kept.

5. Payment, insurance and review

Executor fee per hour: $120
Paid from: Practice account, then estate
Executor's coverage checked: Yes, J. Tran's carrier, 11/2026
Review this plan by: 11/10/2027

Special instructions (flag clients at higher risk in the EHR, not on this form)

Contact the 3 clients flagged 'call first' in the EHR on day one, by phone.

Group on Thursdays: tell members together by phone, then offer referrals.

Prepaid sessions refunded from the practice account within 30 days.

Clinician signature: M. Halvorsen
Date: 11/10/2026
Clinical executor signature: J. Tran
Date: 11/10/2026

Backup executor signature: S. Abernathy
Date: 11/10/2026
Witness or notary, if your attorney advises: As attorney advised
Date: 11/12/2026

Copies: executor 11/10 · backup 11/10 · estate attorney 11/12 · sealed access letter with attorney · MH

Template to adapt. Not legal advice. Have an attorney review it with your personal estate plan.
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When the Plan Starts

First steps for the clinical executor, plus a log of key contacts and where records are kept

First steps, in order

- [ ] 1. Confirm the trigger and tell the estate executor or attorney.
- [ ] 2. Open the sealed access letter; sign in to the records system.
- [ ] 3. Pull the active and recent client list from the calendar.
- [ ] 4. Call clients flagged 'call first'; then all active clients.
- [ ] 5. Cancel or reschedule booked sessions; stop automatic charges.
- [ ] 6. Offer referrals and brief transition calls; log every contact.
- [ ] 7. Change voicemail, email auto reply and website notice.
- [ ] 8. Notify licensing board, insurers, payers and malpractice carrier.
- [ ] 9. Secure records; answer requests; transfer to the custodian.
- [ ] 10. Keep a dated log of every action; report to the estate.

Key contacts and records location log

Item	Provider or person	Phone or website	Where access details are kept	Checked
Client records (EHR)				
Paper records and keys				
Calendar and scheduling				
Practice phone, voicemail				
Practice email, website				
Billing, clearinghouse				
Malpractice insurer				
Licensing board(s)				
Office lease, storage				
Estate attorney				

Write where access details are kept (a sealed letter with your attorney, a password manager's emergency access), never the passwords. Recheck this log at every annual review and whenever you change a system.

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