**PRIVATE AND CONFIDENTIAL**

**Internal Document**

**Clinical Will**

[This document is provided for your own internal information purposes only and is a standard document which has not been specifically adapted to the particular needs or circumstances of your practice area. We do not provide specific advice with regards to the content of this document and you must always exercise your own independent and professional judgment when completing this document and/or taking any action in connection with it.]

“This document is my final clinical will and supersedes all previous agreements. It is intended to be implemented in the event that I am unable to work or contact my clients, for example in the case of sudden illness or death. I have considered the possible impact on my clients, colleagues, referring agencies and supervisees in the event of an unplanned interruption or ending and my plans for such an occurrence are detailed in this document.

A copy has been provided to my [practice manager/professional executor/next of kin/solicitor/representative/personal executor]. Supporting information containing passwords and access to professional accounts is contained in a document entitled “Clinical Will Supporting Information” which is password protected and stored [insert details]/ will be made available to you by my next of kin.”

1. **PERSONAL INFORMATION**

|  |  |
| --- | --- |
| Practitioner Name |  |
| Date of Birth |  |
| Email address |  |
| Telephone |  |
| Credentials/Qualifications |  |
| Title/Role |  |
| Home address |  |
| Office address |  |
| Professional Organisation Membership |  |
| Membership Number |  |
| ICO registration number |  |
| Professional Insurer |  |
| Insurance Policy Number |  |
| Website address |  |
| Next of Kin name |  |
| Next of Kin relationship |  |
| Next of Kin contact details |  |

1. **INSTRUCTIONS**

In the event of sudden illness or death, the following procedures and tasks should be completed:

**Clients**

**[Edit as required]**

* Current clients/supervisees/trainees to be notified by [e.g. telephone (not voicemail message)/in person by the primary/secondary/tertiary executor] in accordance with policies, therapy agreement, General Data Protection Regulation, professional insurance requirements and professional membership organisation guidelines
* Clients to be invited to an in person and/or online appointment with the primary/secondary/tertiary executor
* Clients to be offered short term support in the form of [e.g. three/six/ongoing] sessions with the primary/secondary/tertiary executor or Practitioner of their choosing
* Clients to receive appropriate referrals for continuous care from the primary/secondary/tertiary executor
* Clients to receive relevant supportive information in writing from the primary/secondary/tertiary executor following verbal notification
* Clients will/will not be invited to attend my memorial service

**Finances**

**[Edit as required]**

**Contact Executor of Personal Will regarding business financial management and inform them that you will:**

* Pay outstanding bills
* Collect debts
* Cancel direct debits/standing orders
* Close business bank accounts
* Cancel telephone, webhosting, email accounts
* Notify the relevant tax authorities
* Notify professional insurance company and close policy
* Notify Employee Assistance Programmes (EAPs), referring agencies and insurance panels
* Notify landlord, utilities, local council etc

1. **FINANCIAL PROVISION**

Financial provision has been made to remunerate all executors of my professional will. Invoices should be submitted to the executor of my personal will/next of kin/solicitor.

|  |  |
| --- | --- |
| Executor of Personal Will |  |
| Relationship |  |
| Telephone |  |
| Email |  |

1. **PROFESSIONAL EXECUTORS**

Upon my incapacitation or death, the executors have full authority to act on my behalf in all professional matters. Contact details, agreed responsibilities and agreed remuneration are detailed below.

|  |  |
| --- | --- |
| Name of Primary Executor |  |
| Relationship |  |
| Telephone |  |
| Email |  |
| Home Address |  |
| Professional Organisation Membership No. |  |
| Agreed Responsibilities |  |
| Hourly Rate |  |
| Maximum Total Sum |  |
| Executor Signature (physical/electronic] |  |
| Date |  |

|  |  |
| --- | --- |
| Name of Secondary Executor |  |
| Relationship |  |
| Telephone |  |
| Email |  |
| Home Address |  |
| Professional Organisation Membership No. |  |
| Agreed Responsibilities |  |
| Hourly Rate |  |
| Maximum Total Sum |  |
| Executor Signature (physical/electronic] |  |
| Date |  |

|  |  |
| --- | --- |
| Name of Tertiary Executor |  |
| Relationship |  |
| Telephone |  |
| Email |  |
| Home Address |  |
| Professional Organisation Membership No. |  |
| Agreed Responsibilities |  |
| Hourly Rate |  |
| Maximum Total Sum |  |
| Executor Signature (physical/electronic] |  |
| Date |  |

1. **ADDITIONAL INFORMATION**

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Thank you for agreeing to be my professional executor/executors. I appreciate your willingness and professionalism in implementing these requests.

Practitioner Name Practitioner Signature (physical/electronic) Date

Acknowledged by and on behalf of [Insert Practice Name]

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**Clinical Will Supporting Information**

[This information should be stored in accordance with GDPR and privacy law to protect your clients’ personal data. For paper documents, it would be prudent to store this in a locked container or filing cabinet in a locked room or home and to advise your professional executor of the location. For online storage, it is recommended to password protect and encrypt where possible. There are several services providing encrypted password storage with options to share in the event of emergency.

Please refer to the ICO for further information on data protection.]

1. **LOCATIONS & PASSWORDS**

|  |  |
| --- | --- |
| Master Password | [insert details of the secure location where this information can be found] |
| Computer |  |
| Laptop |  |
| Other devices |  |
| Work telephone |  |
| Voicemail |  |
| Website account |  |
| Email accounts |  |
| GSuite |  |
| Dropbox |  |
| Directories |  |
| Scheduling system/appointment records |  |
| Financial records |  |
| Files/documents |  |
| Invoices |  |
| Contact details |  |
| Accountancy platform |  |
| Online banking |  |
| Current clinical note storage |  |
| Archive clinical note storage |  |
| Filing cabinet |  |
| Professionality Liability Insurance |  |
| Keys |  |

1. **CONTACT LIST FOR CLIENTS/SUPERVISEES/TRAINEES**

|  |  |  |
| --- | --- | --- |
| **Client Name** | **Telephone** | **Email** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |

Practitioner Name Practitioner Signature (physical/electronic) Date

Acknowledged by and on behalf of [Insert Practice Name]