# ****PROFESSIONAL LIVING WILL\*****

I, **[Insert Full Name]**, do hereby declare this to be my professional living will, dated [insert date]. This document supersedes prior professional living wills [if any exist]. This is not a substitute for a Personal Last Will and Testament. It has an intended purpose, to give authority and instructions to my Professional Executor/s regarding my professional [insert practice type] practice and records in the event of my incapacitation or death.

## PERSONAL DETAILS

I am a practicing [insert practice type]

My practice office address is [insert full address]

My current telephone number is [insert telephone number]

My email address is [insert email address]

## EXECUTOR DETAILS

In the event of my incapacitation or death, I hereby appoint as my first professional executor [Insert executor 1. full name], who has agreed to serve in this role. His/her [delete as appropriate] contact details are as follows:

|  |  |
| --- | --- |
| Phone number |  |
| Email |  |
| Mailing address |  |

In the event that [insert executor 1. full name] is unavailable or unable to perform this function, I hereby appoint my second professional executor [Insert executor 2. full name], who has agreed to serve in this role. His/her [delete as appropriate] contact details are as follows:

|  |  |
| --- | --- |
| Phone number |  |
| Email |  |
| Mailing address |  |

I hereby grant my professional executors full authority to:

1. Act on my behalf in making decisions about storing, releasing and/or disposing of my professional records, consistent with relevant laws, regulations and any professional requirements.
2. Carry out any activities deemed necessary to properly administer this professional living will.
3. Delegate and authorise other persons, determined by them, to assist and carry out any activities deemed necessary to properly administer this professional living will.

## LISTS AND RECORDS

Copies of my ‘lists and records’ are stored with a copies of my professional living will.

The lists and records will be maintained and updated as any amendments or changes occur in order to facilitate access to all relevant contacts, client records and other relevant documents, including all relevant hard copy and electronic files as well as back-up files. The lists are as follows:

|  |  |
| --- | --- |
| List 1 | Full names and contact information for individuals who can assist in locating and accessing my client records and other relevant professional documents |
| List 2 | The location of and how to access current client records plus appointment diary |
| List 3 | The location of and how to access my professional billing and financial records |
| List 5 | The location of the computer and necessary passwords and all other electronic devices used for my [insert practice type] practice |
| List 6 | The account details and passwords of any professional social media accounts e.g. LinkedIn; Facebook; Twitter; Instagram etc. |
| List 7 | My professional e-mail and website addresses and any associated information |
| List 8 | My professional phone number and voicemail access code |
| List 9  | Professional documents location and information:professional liability insurance policyprofessional accrediting bodies |
| List 10 | Location of any necessary keys to access my office, filing cabinets, storage facilities, etc |

## SPECIFIC INSTRUCTIONS

Specific instructions for my professional executor are as follows:

1. There are 3 copies of this living will and its associated lists. They can be located as follows:
	1. I have a copy
	2. one is in your possession
	3. one is in the possession of executor 2 (see page 1 for contact details)
2. Please use your clinical judgment and discretion in deciding how you want to notify current clients of my incapacity or death and whom to contact for further information, consistent with ethical and legal requirements. In List 1 details will be found of any special instructions relating to my funeral and memorial service wishes.
3. If clinically indicated, for example by their response to notification of my incapacity or death, you may wish to provide referral sources. Suggested providers will be indicated in List 1.
4. Please promptly notify my professional liability carrier of my death. Please also notify my accrediting body.
5. Please arrange for clients’ records or copies of their records to be ? passed to/ etc All records should be maintained according to the relevant accrediting body Ethics and Standards,

I declare 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

#### This Sample Professional Living Will is for informational purposes only. It is not intended to provide legal advice and should not be used as a substitute for obtaining personal legal advice and consultation prior to making decisions regarding individual circumstances. Practitioners are advised to consult an experienced solicitor or their accrediting body for further information.