

Blank Professional Will for **Fill-In-The-Blank**

This is a draft, a suggestion, a template on what to gather and consider in case you die unexpectedly while you are still seeing clients as a medical or mental health professional.

This is not legal advice. You should consult with your lawyer.

It is my understanding that if your small company is not listed in your Will, your loved ones will have to go through probate.

The point of doing this document is that it is much easier for your loved ones to wrap up your affairs.

I, **fill-in-the-blank**, do you hear by declare this to be my Professional Will. This document supersedes any prior Professional Wills. This document is not my Last Will and Testament. This Professional Will is intended to give authority and directions to my executor named in this Professional Will regarding matters concerning my practice and client records in the event of incapacitation or death.

First

I am a practicing **fill-in-the-blank-name of license** licensed in the state of Washington. My license number is **fill-in-the-blank**. My office address is filled in **the blank**. The name of my company is **fill-in-the-blank**.

In the event of my death or incapacitation, my last will and testament's executor will be in charge of the estate, including my business **fill-in-the-blank**. This document will not supersede my last will and testament. It will serve as a means of supporting the closing of my business **fill-in-the-blank**.

Below are individuals I have asked to serve as my professional executor to **fill in the blank #1**, and who have agreed to serve in this role. His/her telephone number, email address, and mailing address or the following. **fill-in-the-blank**

In the event that person above **fill-in-the-blank #1** is unavailable or unable to perform this function, I at this moment appoint as secondary professional executor, **fill in the blank #2**. His/her telephone number, email address, and mailing address or the following. **fill-in-the-blank**

I hear by Grant, my professional executor, full authority to:

- Act on my behalf and make decisions about storing, releasing, and/or disposing of my professional records and client records, consistent with the application of federal and state laws and regulations and other professional requirements.
- Carry out any activities deemed necessary to administer this Professional Will
- Delegate and authorize other people, so designated and determined by them, to assist and perform any required activities to properly administer this professional well.

Second

My attorney for this Professional Will is **fill in the blank**. His/her telephone number, email address, and mailing address are the following. **fill in the blank**

The executor of my current Personal Will is **fill in the blank**. His/her telephone number, email address, and mailing address or the following. **fill in the blank**

Third

Copies of separate lists of files, passwords, contactless, and client lists are stored with copies of my Professional Will in the following location stated in section 4 (A). This list includes names and contact information of individuals who may assist in locating and accessing my client records and other relevant professional documents: locations, and how to access all my client records; locations, and how to access, my professional, billing, and financial records, appointment, book, client telephone numbers and related information; the location of the computer and other electronic devices used for my practice; passwords for my computer and other electronic devices used in my practice; my professional email and web site address with passwords and codes; my office telephone number and voicemail access codes; location of my insurance, policies and related documentations location of necessary keys and combinations. Required access office, filing storage units, and facilities.

Fourth

- a. There are four copies of this professional will located with the following **fill in the blank**
- b. Use your professional judgment and discretion regarding notification of existing and past clients of my death or incapacity and who to contact consistent with ethical and legal requirements.
- c. Subject to clinical indications, my professional executor, or those professionals appointed and referred there from, may offer personal counseling to certain clients as specified by my professional executor.
- d. Notify my insurance carriers of my death and arrange for coverage as an appropriate and prorated refund to my estate as appropriate. Also, notify the

Department of Health of the State of Washington, my malpractice coverage, my landlord,

- e. Arrange for each client's records to go to their new practitioner, if applicable with each client's consent. All remaining records must be maintained pursuant to state and federal regulations.
- f. My estate is to be billed for the expense and services rendered on behalf of my attorney at the standard rate of time, and buy my professional rate executor at a standard rate of time, and all other expenses and services performed on behalf of my estate, or to be billed to my estate at a reasonable cost.

I declare that the preceding is true and correct.

Signature and witnesses

Information for professional executor: files, passwords, and contact lists

Fill in the blank, and provide the following information for use by my professional executor according to the provisions of my professional will. Copies of this document are stored with the copies of my professional will in the following locations.

This list is intended to be maintained and updated as needed and to include sufficient detail to facilitate accessing all relevant professional documents, including client, contact information, client records, and other relevant documents, including hardcopy and electronic files as well as backup files

- I. Professional Identifications
 - a. Legal Name:
 - b. License, number, and state:
 - c. NPI Number:
 - d. DEA Number:
- II. Name of the practice:
 - a. EIN Number:
 - b. State and Cities licensed in
- III. Office
 - a. Addresses
 - b. Name and contact information of the landlord
 - c. Where the keys to the office can be found
 - d. Other important details of the office
- IV. Location of mailbox

- V. Physical storage
 - a. Address
 - b. Where the keys and codes are to unlock
- VI. Electronic Records
 - a. Name of the company that houses electronic records
 - i. How to get passwords
 - ii. How long record will be kept after payment stops
 - b. Name of Email provider
 - i. How to get passwords
 - c. Name of where domains are purchased.
 - d. Name of website host
 - e. Electronic Dispensary
 - f. Electronic Payment provider (Stripe, Square...)
- VII. Accountant
 - a. Name and contact information
 - b. Password to accounting software
- VIII. Lawyer
 - a. Name and contact information
- IX. Other professionals to contact about your death
- X. Bank for Business
 - a. Last four numbers of all the accounts with the type of account
- XI. Malpractice and Liability Insurance Companies
- XII. Location of Calendar of Clients
- XIII. Location of Names and contact information of clients and patients
- XIV. Recommendation of people to refer to
- XV.

Recommended timing of notification of death

First Week

- The phone or the phone number of the office might need to go to the person's professional executor to call and respond to clients still learning of their professional's death.
- Clients that are scheduled, please notify by calling them. Have names of professionals who can continue helping them with their chief complaint.
- Get access through the computer and passwords to banking accounts and electronic record accounts to gather the information you may need. You will lose access when the company is notified of the death.
- Contact State DOR, EIN, City license, bank, insurance, Keep tail.

Google workspace information.

- Emails associated
- How payment is made.
- Where password is?