PROFESSIONAL WILL OF

_____

Office address:

Office phone:

Cell phone:

Home phone:

1. My professional executor (and team) is:

Primary Name:_____

Address:_____

Best phone number:_____

Alternate phone number:_____

Secondary Name:_____

Address:_____

Best phone number:_____

Alternate phone number:_____

Third Name:_____

Address:_____

Best phone number:_____

Alternate phone number:_____

Fourth Name:_____

Address:_____

Best phone number:_____

Alternate phone number:_____

2. My attorney is:_____. His/her contact information is:

3. The following persons work for me in my professional practice (name and contact info):

Bookkeeper/billing:

Secretary:

Other:

4. My office landlord and contact information is:

5. Office information:

A. How to get in my office: (hours of the building; where are keys; entry or security codes)

B. Where my calendar is kept:

C. Access to my computer and what's on it (for example, emails, calendar info):

D. Billing files and information:

E. Location of client files and access:

F. Location of closed files and access:

G. Patient Insurance records:

H. Answering machine information (for getting and changing the message)

6. Professional Issues other than client issues: Interns I supervise, groups I lead, professional insurance

7. Name and contact information of personal agents: If I'm still alive, my financial Power of Attorney. If I'm dead, my executor or successor trustee.

8. Client issues: For each client, need information on how to contact; how NOT to contact; special billing arrangements; assessment of situation in the event of my death/disability. Sketch out ideas for successor therapist: male/female, style of therapy, etc.

9. Financial matters: Discuss paying for PE services. Where will the money come from? Consider having your estate pay for one therapy session per client to deal with your death.