

**PROFESSIONAL EXECUTOR'S INSTRUCTIONS**  
*For*

**INSTRUCTIONS FOR THE DISPOSITION OF PROFESSIONAL  
PRACTICE IN THE EVENT OF DEATH OR DISABILITY**

*Three (3) copies of these instructions should be prepared. One copy should be given to the Professional Executor(s), a second should be placed in a safe deposit box, and a third should be in a locked file cabinet. If additional copies have been prepared, please note where and with whom they are.*

• **PROFESSIONAL EXECUTOR:(PE)**

Names and address

Telephone    office -                      home -                      Fax:

Names and address

Telephone    office -                      home -                      Fax

• **ATTORNEY:**

Name:

Address:

Telephone:

• **EXECUTOR OF WILL:**

Name

Address:

Telephone:    Fax:

• **LOCATION OF IMPORTANT INFORMATION:**

• EMERGENCY CONTACT PERSON(S)

• OFFICE ADDRESS

## CONFIDENTIAL INFORMATION

- **LIST OF CLIENTS TO BE NOTIFIED:** *(Attachment A)*  
*Should be updated every 6 months or just prior to major surgery or illness in self or family member; Addresses and phone numbers should be provided; active clients should be highlighted. Special concerns, instructions or suggestions about particular clients should be included.*
- **APPOINTMENT BOOK:** *Location and password should be included*
- **CURRENT CLIENT FILES;** *Location and password should be included. List of current and former clients going back 6 months-1 year as well as any other former clients who you would want notified. Provide instructions for billing and collection of outstanding fees.*
- **OLD CLIENT FILES:** *Include location of files and password.*
- **OTHER IMPORTANT PAPERS:** *Copies of license, face sheet of malpractice and disability insurance, professional colleagues to be contacted:*
- **SPECIFIC INSTRUCTIONS – How should clients be informed and what information to give:**
  - *Information to be left on answering machine and office door. Provide a code or other means of remote access to answering machine so that message can be changed without going to the office*
  - *Handling of clients in the event of illness*
    - Temporary illness*
    - Severe impairment*
  - **Acceptance of phone calls or hospital visits:**
  - **Guidelines for funeral/memorial services and donations.**
  - **Referral of patients to colleagues**

**Should the professional executors named in this document believe that my clinical abilities and therapeutic judgment have become impaired and that I am in denial about my limitations please intervene with me.**

**My Professional Executors are to be paid at a rate of \_\_\_ for services outlined in this document.**

**Professional Organizations to be notified:**

**Storage of records** *(It is required that records of adults be saved for 6 years after termination of treatment. Records of minors are required to be kept for 6 years following termination or until the age of 22, whichever is longer. It is recommended that records be kept for at least 10 years.)*

***I have reviewed the above instructions with \_\_\_\_\_ The signature below indicates that he/she will be available to facilitate the carrying out of the above instructions.***

\_\_\_\_\_  
***Signature of Emergency Contact*** \_\_\_\_\_  
***date***

***The consent of those colleagues who will serve in carrying out these professional responsibilities has been obtained.***

\_\_\_\_\_  
***Signature of Professional Executor*** \_\_\_\_\_  
***date***

\_\_\_\_\_  
***Signature of Professional Executor*** \_\_\_\_\_  
***date***

\_\_\_\_\_  
***Your Signature*** \_\_\_\_\_  
***date***

***Developed for use of Northeast Psychological Associates. Adapted from The California Newsletter and Independent Practitioner (Frances Kahn, Ph.D)***