

**Professional "Living Will" & Professional Executor Instructions**  
 For the Disposition of the Private Psychotherapy Practice of Mary Alice Fisher, Ph.D.

**In the event of my death, disappearance or disability**

<b>A. My Professional Executor:</b> Local Colleague Name, Ph.D. 222 Some Street My Town, VA 229xx Cell: xxx-xxx-xxxx; Home xxx-xxx-xxxx	<b>B. My Personal Executor:</b> Personal Family Member P.O. Box 1234 My Town, VA 229xx Cell: xxx-xxx-xxxx; Home xxx-xxx-xxxx	<b>B. My attorney:</b> J. B. Lawyer Ethical Street My Town, VA 229xx Office: 296-4138	<b>C. My accountant:</b> I. B. Numbers Office: 434-895-5905
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**D. General Information:**

\*My professional office address is \_\_\_\_\_. My open client files are located at that office in the locked left-hand file drawer of my office desk. My billing information and bank deposit books are in the locked right-hand cabinet in my office desk.

\*The key to my professional office and to the desk in that office are both on my personal key-ring. A spare desk key is in the center drawer of my office desk.

\*My psychology license is visible on the open shelf by my office door; my malpractice insurance policy information is in the upper left drawer of my professional office.

\*All client-related material must be handled only by my professional executor named above and can be disclosed to others only as stipulated below.

\*My professional executor will assist in therapeutic issues to be addressed with my clients, as well as billing issues, insurance and other administrative details. My professional executor may cancel appointments, handle any necessary discussion with clients regarding my being disabled or deceased, and make decisions about further client contact and follow-up.

\* My appointment book is normally kept with me personally, in my personal briefcase, or in my home office. It contains a list of client last names and phone numbers, as well as any scheduled client appointments.

**E. Specific Instructions to my Professional Executor:**

1. In the event I am unable to work for more than two weeks, but am competent and can communicate effectively, please contact me as soon as I am able to communicate, for instructions about how to proceed. Whatever I communicate to you at that time will take precedence over this document.
2. In the event of my death or disappearance, or in the event of temporary or permanent decisional incapacitation, my professional executor should take the following steps: First telephone all scheduled clients and notify them of my current circumstances. Assess their psychological vulnerability and need for ongoing psychological intervention via recent therapy notes and your telephone conversation. Make professional referrals as appropriate. If the client is willing to accept a referral, please obtain the client's written permission to release his or her name and records to the designated therapist. Please offer clients at least one face-to-face therapy session, individual or group format, with yourself or a professional therapist that you designate, to process the event of my death or incapacitation. If possible, please make generous allowances for any client's inability to pay for this session or for insurance coverage if that session is denied.
3. With the client's consent, copies of referred clients' records can be forwarded to their new therapists, unless the professional executor deems that to be inappropriate for clinical reasons. Other records should be maintained in a safe, confidential place for the minimum number of years required by state and federal laws. Please dispose of other records in a manner that destroys all identifying client information.
4. For billing and financial questions, please contact my billing administrator, \_\_\_\_\_, who can be reached by mail at the office address, by phone at xxx-xxx-xxxx. She can track receivables from clients and third party payers, and she can initiate correspondence about such matters.
4. Please defer to the executor of my personal estate, named above, regarding any financial decisions. Collect and open my incoming business mail and provide to him all outstanding business bills. (If there are client-based financial decisions other than collections, please review the file and share minimum information so he can make an informed decision.)
5. When all financial transactions are completed, and/or at the end of the tax year, please make available to my executor the information needed by my accountant, named above. No identifiable patient information should be transmitted to either of them.
5. Please notify in writing all professional organizations with which I am affiliated. If requiring information or updates of legal requirements for the care of records, contact Virginia Psychological Association and/or the Virginia Board of Psychology.
6. There are three copies of these professional executor instructions. The first is located in my home office. The second is held by the professional executor named above. The third is on file with my personal executor.
7. Bill my executor who will facilitate payment from my estate for the cost of professional time and other reasonable expenses incurred as the result of these instructions.
8. This professional living will is established in and shall be governed by the laws of the State of \_\_\_\_\_. I intend that this professional power of attorney be universally recognized and admissible in any jurisdiction.
9. This document relates only to my private psychotherapy practice. A separate professional will covers other professional matters [e.g., issues related to my publications, clinical academic positions, other businesses, etc

\_\_\_\_\_  
 Psychologist signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Witness signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Notary signature