

**Professional Will of:** \_\_\_\_\_  
(Name of Person Writing Will)

In the event that I am unable to continue my practice because of incapacitating illness or death, please refer to the following requests:

- 1) \*I designate the colleagues named below to inform my patients promptly by telephone to cancel appointments, to protect my patients against the distress of discovering news of my death/illness through hearsay.

Designated Colleague #1 \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

Designated Colleague #2 \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

I have discussed with the colleagues my wish to list them for these purposes. They have agreed to help and, additionally, to offer my patients the prompt opportunity for consultation to decide how best to meet their continuing clinical needs. They have agreed to make arrangements to follow all of the requests listed below.

To assist my colleagues with these tasks, the names, addresses and phone numbers of all patients with whom I am currently working are located/can be accessed by:

Location: \_\_\_\_\_

Access: \_\_\_\_\_

- 2) My voicemail should be changed immediately (example: *“Dr. X’s appointment schedule has been cancelled and he/she is unable to return your call. Please call [Name/number of colleague] for additional information.”*)

Directions for changing the voicemail are: \_\_\_\_\_

\_\_\_\_\_

Message should say: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

(Name of Person Writing Will—each page must be signed and dated)

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- 3) On the office door place a note that reads: "Dr. X's schedule has been cancelled. For further information call \_\_\_\_\_ at \_\_\_\_\_.
- 4) Keep all my financial records, appointment books and related records for the duration of the statute of limitations in Illinois. If a patient requests substantiation of a claim for insurance benefits and needs a list of appointments and fees paid, ask the patient to repeat the request by letter. The signed letter becomes the patient's authorization for release of information that otherwise would be confidential.
- 5) As in the case of my financial records, keep my clinical records for the duration of the statute of limitations in Illinois. Only copies may be forwarded to the successor therapist upon receipt of a signed letter of authorization from the patient.
- 6) Process notes are a different matter, as they were comprehensible and useful to me alone. They can be destroyed after a relatively brief interval. This guideline is in keeping with the principle that although physical records are in all instances the property of the analyst, the information they contain remains the property of the patient.
- 7) Keep any agreements and copyrights of written works, either in progress or already published. You may wish to discuss this with colleagues.
- 8) If a patient seeks family contacts beyond extending condolences, my standby colleague will furnish guidance concerning such requests.
- 9) My instructions for what obituary information I want presented to the ICSW community are attached.
- 10) Please notify the following organizations:  
  

- 11) Dues to professional organizations and unexpired journal subscriptions should be refunded in a pro-rated manner. The journals in my library will list their administrative addresses.
- 12) My professional library should be donated to: \_\_\_\_\_

13) \* My student records are to be found (identify physical location):

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and I instruct my designated colleagues to return the files immediately to the registrar of ICSW.

**\*Signed** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Name of Person Writing Will—each page must be signed and dated)

RE: Professional Wills

The attached Professional Will is just an example of the type of document you might use for this purpose. We feel that it does provide, however, the detailed direction and guidance that is useful in an emergency. ICSW will maintain a secure file to hold this document. We will ask you to update it annually.

You should feel free to add to this document or delete some provisions that do not apply to you. The important thing is for us to have in your file a signed statement that reflects your detailed wishes in the event of an emergency. **You are only required to fill out the information ICSW needs to notify students and to obtain their records. These sections have asterisk in front of them. If you wish, you may cross out any sections that do not apply. You may also substitute this document with one that addresses all the items marked with an asterisk.**