

Letterhead

I, _____ (president of _____ PA/PLLC), do hereby declare this to be my Professional Will. I am representing my business in this matter to designate handling of practice's affairs after my passing. This is not a substitute for a Personal Last Will and Testament. It is intended to give authority and instructions to my Special Administrator(s) regarding my psychiatric practice and records in the event of my incapacitation or death.

I am a practicing physician licensed in the state of _____. My license # _____.
My primary office address is _____

In the event of my death or incapacitation, I hereby appoint as my Special Administrator(s) _____ MD (and _____ MD) who has/ have agreed to serve in this role.
His/Her/Their contact information is:

Name _____ Phone: _____ Fax: _____
Address _____
email: _____

Name: _____ Phone: _____ Fax: _____
Address _____
email _____

In the event that she/he/they are not able to perform these functions, I hereby appoint as a secondary Special Administrator, _____, MD who has agreed to perform this role.

Name _____ Phone: _____ Fax: _____
Address _____
email: _____

I hereby grant my Special Administrator(s) full authority to:

- Carry out and/or delegate any activities deemed necessary to properly administer this professional will.
- Act on my behalf in making decisions about storing, releasing and/or disposing of my professional records and financial records, consistent with relevant laws, regulations and other professional requirements.

LEGAL DESIGNATION/PERSONAL WILL

I do /do not currently have an attorney for this professional will.

My Personal will is maintained by _____ (or found _____ location) The executor/durable power of attorney of my current personal will is _____ who is at phone: _____ and email: _____. His/Her/Their address is _____. My secondary personal executor is _____ at address: _____ and can be reached at Phone: _____ Email: _____

USE OF ADDENDUM

Copies of separate “Addendum to Professional Will” are stored with copies of my Professional Will in the locations specified in section Fourth. This addendum includes addresses, passwords and information relevant to my practice and its management. This list is intended to be maintained and updated as needed to facilitate access to all relevant contacts, client records, and other relevant documents, including all relevant hard copy and electronic files as well as back up files. The list includes:

- Names and contacts for individuals who may be able to assist in locating/accessing my patient records and other relevant professional documents.
- Location and how to access appointment schedule and patient contact information
- Location of relevant keys for office, file cabinet, storage
- Location and how to access current and closed patient records
- Location and how to access billing and financial records
- Location of computer and other electronic devices used by my practice
- Passwords for my computer and other devices for professional use
- Professional email and website access
- Location for professional malpractice and liability insurance

INSTRUCTION OF ACTIVITIES

My specific instructions for my Special Administrator(s) are

- A. There are () copies of my Professional Will. One is in your possession, one is with my personal will (to which my spouse or personal executor will have access), and one is with _____.
- B. Please have my administrative staff assist in alerting current active patients of my death and whom to contact for further information. You may also wish to provide several referrals. See sample letter. If I have no administrative staff, please refer to my EMR schedule.
- C. If clinically indicated, for example by their response to the notification of my death, please consider offering a face to face meeting with some of my patients to your own designee.
- D. Post a notice of closure in the office for one month.
- E. Reach out to other collaborating clinicians and colleagues to alert them of my passing. See list provided.

- F. Post a brief notice in the newspaper of greatest publication in the area to alert others of my passing (per TX state medical board).
- G. Assist in making arrangements for short term medication refills to limit disruption in care.
- H. Please contact the county medical society or other custodian of records re: long term records storage, or you may make other arrangements as long as they abide by current laws for records storage, access, and privacy. Informed consent forms are in the office and available (on my website) _____.
- I. Please contact my professional liability carrier of my death and arrange for any additional coverage that may be appropriate.
- J. Contact state medical board and DEA regarding my death.
- K. Contact medical associations (ABPN, other) and other professional memberships
- L. Contact and alert landlord, lenders, creditors (if relevant)
- M. Contact and alert Third party-payors, insurance or Medicare (if relevant)
- N. Destroy or send back to DEA or pharmacy board any remaining prescription pads.
- O. You may bill my estate for your time and expenses incurred by executing these instructions. OR There is an insurance policy to cover expenses. Unless otherwise ordered by a court, the hourly rate of _____ is acknowledged to be reasonable. Funds for this work will initially come out of any cash reserve maintained by the business/key person insurance/ from my personal estate.
- P. Assist my personal executor (who is already authorized user on my business account) in managing outstanding debts – such as employee final paychecks, continued payment for phone, internet, website, records storage, and mailings by alerting him/her to any outstanding bills that need to be paid.
- Q. Help with terminating rented equipment, shredding services, other contracted services
- R. Arrange for storage of financial records (up to 7yrs for IRS)
- S. Work with accountant to get final records to IRS
- T. Contact post office to discontinue mail service or mail forwarding.

I declare that the foregoing is true and correct.

Executed at address: on _____.

Signature

Witnesses

Name: _____ Signature: _____

Residing at _____