

RE: Professional Wills for Psychoanalysts and Candidates

The attached Professional Will is an example of the type of document members may consider for this purpose. It provides detailed direction and guidance that is useful in the event of an incapacitating illness or death of the psychoanalyst or candidate. This is in contrast to forms (often unsigned) that merely designate, "Colleague X will cover for Colleague Y." Although such ambiguous statements may be expedient to submit at the moment, they put an unfair burden on "Colleague X" if the need arises.

You should feel free to add to this document or delete provisions that do not apply to you. The important thing is for NPSI to have on file a signed statement that reflects your detailed wishes in the event of emergency or death. Please feel free to review your Professional Will with legal counsel prior to filing a signed copy with the NPSI Administrator at admin@npsi.us.com.

For reference: For licensed counselors (LICSWs, LMHCs, and LMFTs) as well as associates licensees in these disciplines, the retention period for records is five years following the last visit. For psychologists, the retention period is eight years after the last professional contact. If a psychologist's client is a minor, the retention period is eight years or until the age of 22, whichever is longer. WA Medical Commission for doctors require retention of records for ten years post last visit, prescription, or phone contact, and indefinitely in some circumstances. HIPAA may require an accounting period with a six-year lookback.

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 and safeguard individuals from the distress of discovering news of my illness or death through hearsay.

2)

Designated Colleague #1 _____

Phone (____) _____

Address _____

Email _____

Designated Colleague #2 _____

Phone (____) _____

Address _____

Email _____

I have discussed with the aforementioned colleagues my wish to list them for these purposes and they have each been provided with a signed copy of this document. 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.

If the patient is a candidate at the NPSI Institute it is recommended that the designated colleague consult with the Director of Training for help in arranging for referral to a Training and Supervising Psychoanalyst for continued training psychoanalysis.

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: _____

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

Professional Will of: _____
(Name of Person Writing Will)

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

Directions, including password for accessing voicemail, and message are as follows:

Message should say: _____

- 4) On the office door place a note that reads: “Colleague X’s schedule has been cancelled. For further information call _____ at (_____)_____.
- 5) Keep my financial records, appointment books and related records for the duration of the statute of limitations in Washington State. 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 remain confidential.
- 6) As in the case of my financial records, keep my clinical records for the duration of the statute of limitations in Washington State. Copies may be forwarded to the successor psychoanalyst or psychotherapist upon receipt of a signed letter of authorization from the patient.
- 7) Psychotherapy notes are a different matter, as they were comprehensible and for my use alone and must be stored separately from the medical record. They should be destroyed after a relatively brief interval. This guideline is in keeping with the principle that although the medical records are the property of the analyst, the information they contain is controlled by the patient.
- 8) Keep any agreements and copyrights of written works, either in progress or already published. You may wish to consult with colleagues and/or legal counsel to determine the best course of action.
- 9) If a patient seeks family contacts beyond extending condolences, my designated colleague(s) will furnish guidance concerning such requests.
- 10) As to obituary notices, usual notices posted online or in the newspaper by the family or by the President of the Society and Institute is entirely at your discretion.
- 11) Please notify the following organizations (attach additional names if necessary):

- 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: _____

Signed _____ Date _____

Professional Will of: _____
(Name of Person Writing Will)

WITNESS

Printed Name: _____

Signature: _____ Date: _____

Address: _____

WITNESS

Printed Name: _____

Signature: _____ Date: _____

Address: _____

STATE OF WASHINGTON)

ss.

COUNTY OF _____)

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that s/he/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in the instrument.

Dated this _____ day of _____, 20_____.

NOTARY PUBLIC for the State of Washington

Residing at _____.

Commission expires: _____

