

# Professional Clinic Will

**You can use this template as the basis for a Clinical Will Agreement you create with your Nominated Professional Executor. Amend as appropriate.**

**IMPORTANT:** To remain compliant with GDPR, ensure that anyone (Patients/others) whose details you may be allowing access to (by your executor) that they know this is the case. You may wish to include this detail in your client contract.

**This document sets out an agreement to maintain the welfare and continued support of patients and clients of the practitioner.**

**PRACTITIONER NAME** .....

**AGREEMENT MADE WITH:** ..... (inc qualification if applicable)  
*To be my Professional Executor*

**CLIENT'S WELFARE:**

[Executor] will be supplied with a list (hard copy and/or electronic version) of my current clients, supervisees, supervisor/s and any other relevant information/contact details necessary or helpful to them.

[Executor] will be responsible for maintaining the confidentiality of the list in their possession that includes clients, supervisees and supervisor/s information at all times and also for the appropriate disposal of confidential material.

It will be my [Practitioner] responsibility to keep the list current and updated in any saved location/s so that [Executor] always has access to the most up to date version.

**DUTY OF CONTINUED CARE:**

When needed/contacted, [Executor] will inform my supervisor/s of my situation in order to discuss continued patient care plans and suitable/appropriate therapists that may be able to offer continued support.

This may already be in place in which case [Executor] will contact the patients directly to inform of any situation that necessitates them being offered the opportunity to meet with or receive continued care from alternative practitioners.

**RELEVANT ORGANISATION:**

[Executor] may be required to contact relevant organisations to advise as required of any situation. Such organisations may include: Trade bodies including membership details, Insurer with policy number, Specific clinics and any other.

**NOTE:** My next of kin are aware of this appointment and will assist if they can in only to confirm and allow that [Executor] has access to the documents needed in order to fulfil the above consideration and duties.

To be clear, my next of kin DO / DO NOT have access to any client information including names and/or notes.

**AGREED:**

(Practitioner name) ..... Date.....

(Executor name) ..... Date.....