

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 Executer

CLIENT'S WELFARE:

[Executer] 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.

[Executer] 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 [Executer] always has access to the most up to date version.

DUTY OF CONTINUED CARE:

When needed/contacted, [Executer] 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 [Executer] 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:

[Executer] 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 [Executer] 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.....

(Executer name)

Date.....