Clinical Will Template (UK)

Purpose: This template sets out practical and ethical steps for managing my counselling practice if I die, lose capacity, or am otherwise unable to practise. It should be kept securely and shared with my Clinical Executor and next of kin. Adapt to your circumstances and seek legal/insurance advice as needed.

1) My details

Full name: _____ DOB: _____

Practice name: _____

Practice address: _____

Phone(s): _____ Email: _____

Directory listings/websites: _____

2) Clinical Executor(s)

Lead Clinical Executor (qualified therapist/supervisor who will coordinate the plan):

Name: _____ Organisation (if any): _____

Phone: _____ Email: _____

Address: _____

I authorise the Lead Clinical Executor to access client records for the sole purpose of safe, ethical closure/transfer of care. A deputy may act if the Lead is unavailable.

Deputy(ies): _____

3) Legal next of kin & key contacts

Next of kin / Executor of estate: _____ Phone: _____

Supervisor: _____ Phone/Email: _____

Room owner/clinic: _____ Phone/Email: _____

Insurer: _____ Policy no: _____

Professional bodies (e.g., BACP/NCPS): _____

4) Access & security

Locations of records and equipment (paper files, notebooks, encrypted drives, laptop/phone, backups):

_____

Keys/access codes: _____

A sealed envelope or secure password manager holds credentials for devices, practice email, voicemail, online booking, EHR/notes, website, directory listings, practice bank account (view-only if possible). Access instructions are held by: _____

5) Client records & data protection

Record system(s): paper / digital / both (delete as appropriate).

Appendix A: Notification templates

A1) Client notification email/letter

Subject: Your counselling sessions with [Your Name]

Dear [Client First Name],

I am writing on behalf of [Your Name]. I am sorry to let you know that [they have died/are unable to continue in practice]. I appreciate that this may be upsetting news. My role is to make sure you are informed, supported, and—if you wish—helped to transfer to another practitioner or appropriate service.

If you would like support with next steps, please let me know and I can share options or, with your consent, make introductions. If you prefer to pause for now, that is absolutely fine. Your confidentiality will be respected; only minimal information is accessed to manage safe closure. Your records will be retained and securely stored in line with data protection requirements and insurance guidance.

With care,

[Name]

Lead Clinical Executor for [Your Name]

Contact: [email] | [phone]

A2) Short voicemail/website notice

"Thank you for calling [Practice Name]. Due to unforeseen circumstances, [Your Name] is unable to continue in practice. If you are a current client, please email [executor email] and we will support you with next steps. If you are in crisis, please contact your GP, NHS 111, Samaritans on 116 123, or emergency services."

A3) Priority & risk considerations (for executor)

• First review active caseload list and recent contacts to prioritise clients who may be vulnerable or mid-process.

• Coordinate with Supervisor to plan ethically sound closures/transfers.

• Keep brief audit notes of actions taken, respecting confidentiality and data minimisation.

• Follow insurer guidance before destroying or transferring records. Retain financial records for HMRC (6 years).

A4) Data protection (UK GDPR/Data Protection Act 2018)

• Access the minimum necessary client data to complete safe closure/transfer.