Clinical Will – Blank Template (UK Counsellors)

Use this template to plan for sudden incapacity or death so clients are notified compassionately and records are handled safely. Keep credentials separate (password manager with emergency access or a sealed envelope in a secure location). Review every 6–12 months.

Note: *This template is for professional/clinical arrangements and sits alongside your personal will.*

Practitioner (name & titles):	
Practice/trading name:	
Professional memberships/accreditations (e.g., NCPS/BACP):	
Primary clinical executor (name/phone/email):	
Reserve executor (name/phone/email):	
Supervisor (name/phone/email):	
Effective date:	Next review du

1) Purpose & authority

This document authorises the clinical executor(s) to take practical steps if I die or become unable to practise. These steps include notifying clients, safeguarding records, arranging supportive endings or onward signposting, and closing practice logistics. It does not authorise clinical work with my clients beyond what is necessary for safe endings. Non-clinical matters are covered by my personal will.

2) Where to find things

- Client list (current/past) & schedule: ____
- Work email/voicemail (how to access or who holds access): _________________________
- Clinical notes (paper/digital) & indexing key: __________________________________
- Contracts/policies (folder/path): ____
- Business admin (insurer, room hire, directories, finance): _________________________
- Credentials are NOT included here. Emergency access is provided via: ________________

3) Client communications

Use the scripts (email/letter/phone) to inform clients with compassion. Offer options and signpost to urgent help (GP, NHS 111, Samaritans 116 123) and local NHS talking therapies. Where risk is indicated, consult my supervisor before client contact.

4) Confidentiality & data protection

Access only the minimum information necessary to perform tasks. Handle records in line with my Privacy Notice and professional ethical standards (e.g., BACP Ethical Framework). Usual retention: adults 7 years from end of therapy; under-18s to age 25/26 (adjust if different in your policy).

5) Business tasks

■ Cancel/notify: room hire, software subscriptions, directory listings.

■ Inform professional insurers and membership bodies (e.g., NCPS/BACP).

■ Manage prepaid fees/refunds and close standing orders or recurring payments.

■ Update or close website, email and practice phone; set appropriate autoresponders.

6) Special circumstances (if applicable)

Children/young people, couples work, EAP/insurer cases, court-directed work, or other specific contexts and contacts:

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7) Storage, transfer & destruction of records

After practice closure, records will be securely stored by: ______________________________ for ______ years. At the end of retention, records will be destroyed by: __________________________. If transfer is necessary, transfer to: ___________________ with a written record of transfer.

8) Contact log (for executors)

Date	Action taken / client initials	Notes

Signatures

Practitioner:	Date:
Primary executor (acceptance):	Date:
Reserve executor (acceptance):	Date:
Supervisor (notified):	Date:

Review reminder: *Add a calendar reminder to review this plan every 6–12 months or after major changes (move, new system, supervisor change).*