

Clinical will

Template from UpTopWeb (uptopweb.co.uk), version 1, October 2026. Free to use and adapt for your own practice. This template is not legal advice and is not approved by any professional body. Check it against your professional body's current requirements, and ask your supervisor or insurer if you're unsure about anything. The shaded notes are guidance for you. An editable Word version is also available on the same page.

Part 1: About this document

This is my clinical will. It tells the person I have chosen what to do for my clients, supervisees and records if I die, or if I become unable to work or to contact my clients myself.

It covers my professional practice only. My personal property and estate are dealt with separately, in my legal will and any lasting power of attorney.

This document does not contain any client records. It does say where to find them and who to ask for access, so it should be kept securely and shared only with the people named in Part 3.

Signed and dated by me	
Signed and dated by my clinical executor	
Signed and dated by my backup clinical executor	
Copies held by	

Part 2: My practice

Full name, and any name I practise under	
Practice or trading name, and legal structure (sole trader or limited company, with company number)	
Professional body or bodies, and membership or registration numbers	
Where I see clients (addresses, online, telephone)	
Types of work (individual adults, young people, couples, groups, supervision, training, agency or EAP work)	

Professional indemnity insurer, policy number and claims or helpline number	
ICO data protection fee registration number	

Part 3: The people involved

Your clinical executor should be a qualified practitioner who understands confidentiality and has agreed in writing. Some professional bodies require two people (BPC registrants need two Professional Trustees). Make sure everyone in this table knows how to reach everyone else.

Role	Name	Phone and email	What they do
Clinical executor			Carries out the instructions in this document.
Backup clinical executor			Steps in if the clinical executor can't be reached, can't act, or has a conflict of interest.
First contact			Usually a partner or family member. Tells the clinical executor that something has happened, and gives them access to the caseload list (see Part 4).
Clinical supervisor(s)			Knows this arrangement exists. Can advise the clinical executor and, if needed, act as a second route to them.
Executor of my legal will (if known)			Deals with my estate. Should not see client information.

Part 4: Where things are

Never write passwords in this document. Say where they're kept and who holds them, for example a sealed envelope held by your first contact, or a password manager's emergency access feature.

Item	Where it is, and how to access it
Current caseload list (client names, contact details, preferred contact method, session day and time)	

Supervisee and trainee list, including placement or course contacts	
Client records and notes (paper and digital)	
Practice management or booking system	
Diary or calendar	
Practice email account	
Practice phone and voicemail	
Computer, tablet and phone used for practice, and how to unlock them	
Website login, or the name of my website provider	
Directory profiles (for example Counselling Directory, Psychology Today, BACP Register)	
Room hire or premises contact and keys	
Business bank account (for refunds of prepaid sessions only)	
Where the passwords and access codes are kept, and who holds them	

Part 5: Instructions for my clinical executor

Thank you for agreeing to do this. Please work through the steps in order, and keep a note of every contact and decision in the log in Part 9. You don't have to do this alone: my supervisor, my insurer's helpline and my professional body can all advise you.

Step 1: Find out what has happened

- Is this temporary (illness, injury, a hospital stay) or permanent (death, or a long-term inability to work)?
- If it's temporary, how long is it likely to last, and can I give instructions myself?
- If I can communicate, ask me what I'd like to happen and follow that, even where it differs from this document.

Step 2: Contact clients with sessions coming up

Start with clients whose next session is soonest, and anyone I've marked as a priority on the caseload list. Use the contact method each client agreed to. Say only what's needed: that I'm unable to see them, that you're contacting them on my behalf, and what happens next.

My priority clients, or how to identify them on the list:

Suggested wording for a first message:

"Hello [first name]. My name is [your name] and I'm a counsellor contacting you on behalf of [my name], who has asked me to get in touch if they were ever unable to contact clients themselves. I'm sorry to tell you that [my name] is unable to see you [for now / and won't be returning to practice]. Your session on [date] won't go ahead. I'd like to talk with you about what support might help next. Please reply to this message or call me on [number]. Anything you tell me will be kept confidential."

Adjust this wording to suit your clients and how you work. Some practitioners prefer that a death is explained by phone rather than in writing.

Step 3: Offer support and onward referral

- Offer each client a short conversation about how they're feeling and what they'd like to happen next.
- Where a client wants to continue therapy, help them find another practitioner. Colleagues I'd suggest, with their consent to be named:

- If you have concerns about a client's safety, follow the safeguarding guidance of your own professional body and take advice from my supervisor.

Step 4: Contact supervisees, trainees and organisations

- Tell my supervisees that I can no longer supervise them, so they can arrange new supervision promptly.
- For trainees, also contact their placement or course, if the trainee agrees.
- Tell any agencies, EAPs or organisations that refer clients to me.

Step 5: Pause the practice's public channels

- **Email:** set an automatic reply saying I'm not taking enquiries and giving your contact details for current clients.
- **Phone:** change the voicemail message to match.
- **Website:** ask my website provider to add a short notice to the site and switch off the enquiry form and any online booking. Provider name and contact:

- **Directory profiles:** mark them as not accepting clients, or ask the directory to pause or remove them.
- **Booking and payment systems:** stop new bookings and cancel future sessions.

Step 6: Practical matters

- Refund any sessions clients have paid for in advance but not received.
- Tell my professional body and my insurer what has happened.
- Tell my room hire or premises contact.
- Pass details of business subscriptions and accounts to the executor of my legal will, without sharing any client information.

Part 6: Client records

Decide this with your supervisor and check your professional body's and insurer's guidance on how long to keep records. Some bodies set out what should happen to records and who should handle requests from former clients.

Who will hold my client records	
How long they should be kept, and from when	
How they should be stored in the meantime	
How and when they should be securely destroyed	
Who handles requests from clients for a copy of their records	

Please don't destroy anything straight away. A client may ask for a copy of their records, and a complaint or legal claim can arise after the work has ended.

Part 7: If I return to practice

If I recover and return to work, my clinical executor will tell me what they've done, which clients they've contacted, and what was agreed with each one. Clients who have moved to another practitioner will not be expected to return.

Part 8: Expenses

My clinical executor's reasonable expenses, and any fee we've agreed, should be paid from my practice or estate. What we've agreed:

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Part 9: Log for my clinical executor

Date	Who was contacted, or what was done	Outcome and any advice received

Part 10: Annual review

I'll review this document at least once a year, and sooner if any of the people, systems or places named in it change. At each review I'll check that everyone named is still willing and able to act, and that the access route to the caseload list still works.

Date reviewed	What changed	Clinical executor told

Card for my first contact

Print this, fill it in and give it to the person who would be first to know if something happened to you. Don't add any client information.

If something happens to me, please call my clinical executor	
Clinical executor	
Phone	
If there's no answer, call	
What to say	"I'm calling about [my name]. They asked me to let you know that [briefly what has happened]."
You also need to give them	