

**Limited Power of Attorney
And
Contract for Continuity of Professional Practice**

I, _____, hereby grant the following powers and authority to my agent _____ (“Professional Agent”) certain powers delineated below. In consideration for accepting the assignment, the assignee is granted all account receivables in the practice including any insurance reimbursements. In addition to account receivables, the assignee is granted funds from by business banking account at _____(bank) from account # _____ up to the amount of \$_____. I authorize the Professional Agent the rights to:

- 1) access my office,
- 2) access to my practice contact software,
- 3) deposit or withdraw funds from my business account,
- 4) pay outstanding payables incurred from the practice,
- 5) access any stored records,
- 6) fulfill any requests for records,
- 7) to transfer medical records to other licensed psychologists in order to provide for continuity of care, and
- 8) to communicate with my clients in order to inform them of my unavailability, to make provision for their ongoing care, and to inform them of record management.

Sworn to this the _____ day of _____ in the year of 20____. _____
Psychologist Name

STATE OF TENNESSEE
COUNTY OF _____, to wit:

I HEREBY CERTIFY that on this _____ day of _____, 20 _____, before me, the subscriber, a Notary Public in and for the State of Tennessee,

County of _____, personally appeared _____, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument, and acknowledged that s/he executed the same for the purposes therein contained.

WITNESS my hand and notary seal.

Notary Public My commission expires: _____

Letter to Practice Administrator

I am providing this to you to help care for my clients in the event of my death or incapacity.
Thank you so much for agreeing to help!

You may or may not want to add to your own practice by taking on my active clients. If you do not in whole or part, I've provided a list of practitioners who I would be comfortable in referring clients. You may want to add or delete from this list based on your experience. I would like you to send out a letter (attached) to my clients to inform and instruct them on their continued care.

See the attached information page that will give you access to various elements of my practice.

Thanks again so much for your willingness to care for those that I dedicated by professional practice to caring for.

George Davis

CODICILE

The following codicil modifies my last will and testament for the purpose of providing for the disposition of my professional practice.

In the event of my death or incapacity, I, _____, hereby assign and transfer the records of my professional psychological practice to the below assignee ("Practice Administrator"). If they are unable to unwilling to accept assignment, assignment to the next willing alternative to accept assignee, in the order listed below. Should no assignee be willing to serve, I direct the administrator or executor of my estate to destroy by shredding, the records of my professional practice. In consideration for accepting the assignment, the assignee is granted all account receivables in the practice including any insurance reimbursements. In addition to account receivables, the assignee is granted funds from by business banking account at _____(bank) from account # _____ up to the amount of \$_____. In addition to the above, in the event of my death the assignee is granted a one-time bequeath of \$_____ from my estate to facilitate the transfer, management or termination of my professional practice. I authorize the Practice Administrator the rights to:

- 1) access my office,
- 2) access to my practice contact software,
- 3) deposit or withdraw funds from my business account,
- 4) pay outstanding payables incurred from the practice,
- 5) submit any bills to the estate for payment that are not accounted for by the previous bequeaths,
- 6) access any stored records,
- 7) fulfill any requests for records,
- 8) to transfer medical records to other licensed psychologists in order to provide for continuity of care, and
- 9) to communicate with my clients in order to inform them of my unavailability, to make provision for their ongoing care, and to inform them of record management.

_____ Assignee

_____ Alternate Assignee #1

_____ Alternate Assignee #2

_____ Alternate Assignee #3

This is my will that the above provisions occur. I make this codicil of my own free will. I am of sound mind.

Sworn to this the _____ day of _____ in the year of 20____.

Psychologist Name

The above testator signed this codicil of his/her own free will in our presence and the presence of each of the witnesses below. The testator was of sound mind .

Witness #1 Date

Witness #2 Date

PRACTICE INFORMATION

PHYSICAL OFFICE LOCATION

Address:
Location of keys:
Office security
 Name of security company:
 password:
Landlord
 Name:
 Phone:
 Email:
 Address (if off site):
Office partners
 Name/Phone:
 Name/Phone:
Office assistant
 Name/Phone:

MESSAGING

Office Phone:
Voicemail
 Number:
 Provider (Sprint/Verizon/ATT):
 Password:
Cell
 Number:
 Screen password:
Emergency Call Service
 Name of Service:
 Phone:
 Authorization/password:
Professional Email
 Address:
 Password:
 Provider: (Gmail/Yahoo/Other):
Calendar type (physical/computer/other) and location:
 login/password

COMPUTER

Physical location:
Screen password:

Network administration

Name:

Phone:

Contact management system where client information resides:

Login:

Password:

Billing system:

Login:

Password:

BUSINESS BANK ACCOUNT

Bank name:

Account #:

Location of checks:

Online login/password: