

## Clinical Will Template

In the event of my sudden incapacitation or death please contact my Clinical Executor immediately to request that they action the following agreement:

My Clinical Executor Details:

[CLINICAL EXECUTOR NAME] on

[TELEPHONE NUMBER]

[EMAIL ADDRESS]

On [date] [CLINICAL EXECUTOR NAME] agreed to be my clinical executor in the event of my death or sudden incapacitation.

The role of the clinical executor is primarily to handle my clinical caseload and take care of some key professional duties on my behalf.

Specifically, it is agreed that my clinical executor will:

1. Take over the control of my Kiku account. The request for this must be made to the Kiku support team in writing to [support@wearekiku.com](mailto:support@wearekiku.com)
2. On gaining access to my client contact details, contact my clients and supervisees to inform them of the situation.
3. Discuss with them appropriate arrangements for their ongoing support and provide support sessions for any client who may require it.
4. Download any financial reports that will be required by my next of kin.
5. Confidentially dispose of any paper case records and request the confidential deletion of any digital records such as the deletion of my Kiku account.
6. Notify the agencies, EAPs or insurance companies for whom I am a counselling provider.

I have given your contact details to my next of kin, and they also have a copy of this document.

I will ensure that the records stored in Kiku are up to date and have arranged that you will be reimbursed for any expenses incurred in carrying out the terms of this agreement, so please keep a list.

My next of kin will carry out any other outstanding financial tasks.

We agreed that we would discuss and renew this arrangement annually on [DATE].

Thank you for providing this crucial support.

[SIGNATURE]