

Guidelines for the Disposition of My Psychotherapy Practice

- I. **Intent.** This document specifies my wishes regarding matters relating to my psychotherapy practice in the event of my death or inability to work. My intent is to provide for an orderly and ethical transition concerning the care of my clients, and an orderly disposition of matters relating to the business of my therapeutic practice.
- II. **Confidentiality.** This is a private and confidential document, to be available only to people I have designated to handle specific professional responsibilities in my absence, as set forth below. I have given each such person a copy of this document. Additional copies are located at Flagstaff Child and Family Counseling Center.
- III. **My Personal Will.** A separate will related to my personal life has been executed and filed, and a copy is on file with:

Name: Julie Ryan

Phone: 928-380-5704

The executor of my personal will is:

Name: Julie Ryan

Phone: 928-380-5704

- IV. **Emergency Response Team.** To handle clinical responsibilities in my absence, I hereby designate my Emergency Response Team.
- A. Definition.** The Emergency Response Team (ERT) is a specific group of my colleagues who have agreed to assist me, or my estate, in case of my inability to carry out my professional role and responsibilities.
- B. Membership.** The ERT may vote to replace members who have resigned. I authorize the existing partners at Flagstaff Child and Family Counseling Center to serve as my ERT. As current partners in the practice change, the new partners will assume membership on the ERT.
- C. Bridge Therapist.** The ERT will function more smoothly if one member serves as a coordinator or "Bridge Therapist." This is a transitional role of assisting clients with crises related to my

absence. The ERT members will select an ERT member who has the time, energy, and ability to take on such a role.

C. Stipulation. In the event of circumstances that interfere with my ability to continue my role as a therapist, I ask that my ERT colleagues consider the following requests and suggestions:

1. In all actions taken by the ERT, I request that the ERT be mindful of the need to protect confidentiality and that they avoid unnecessary disclosures regarding clients.
2. I ask that the ERT ask my family members to respond to questions and needs only when absolutely necessary.
3. I ask that the ERT members use their clinical judgment about whether to pass information from my clients to my family or me.

V. **Power of Attorney.** In the event of my incapacity or death, I authorize Julie Ryan, who has the power of attorney for me, to assist the ERT. Advice from an attorney that specializes in the legal issues of psychological practice can be obtained through the Arizona Psychological Association at 800/216-3210.

VI. My Professional Premises and Materials

A. My Office

1. My professional office is located at 408 North Kendrick Street, Suite 3, in Flagstaff. To gain access to my clinical records and professional financial information, I authorize my ERT to obtain office and file cabinet keys, voice mail codes, computer data, and passwords. Keys and codes are located in the cabinet with the psychotherapy wills.
2. If I am unable to cancel my appointments, I ask ERT members to strategize so that the team can immediately notify my clients.

B. Email, Voice Mail and Answering Service. I ask the Bridge Therapist to retrieve messages from, and record a new outgoing message on, my office voice mail.

1. My email address and password are _____
_____. My voice mail password (security number) is 215.
2. I ask that the new outgoing message state: "You have reached the office of Dr. Justin Dallacqua, who is currently unavailable to keep his/her appointments this week. If you are a current client you can expect a phone call shortly. Otherwise, if you would like your call

returned, please leave a message at the tone, including your phone number and times you can be reached.”

3. I ask the ERT to retrieve and respond promptly to messages and phone calls from my clients. Please keep notes summarizing your contact with my clients as you deem appropriate.

VII. Notifying My Clients

- A. I ask the ERT to promptly inform my current and recent clients by telephone of my inability to return to work or of my death.
 1. Phone numbers for all current clients, and significant former clients, are available in the computer data bank.
 2. I strongly prefer that any message left on a client’s answering machine or with an answering service be limited to the request to return a phone call. An acceptable message might be “Hello, my name is _____. Your therapist, Justin Dallacqua has asked me to contact you regarding your appointments with him/her. Please call me at 928/774-6364.”
 3. In the event of my sudden incapacity or death, I ask that the ERT tell my clients as much or as little information as needed on a case-by-case basis to help them process their feelings. Please keep in mind that over time, whatever you disclose about me may become public knowledge.
 4. Some clients may ask questions and others may not. I ask that ERT members respond with as little or as much information as you deem appropriate.
 5. In the event that I have a debilitating, terminal illness, I ask that the ERT discourage my clients from contacting my family or visiting me without my participating in this decision.
 6. I ask the ERT members to cancel my pending appointments promptly and, to minimize disruption to my clients, to offer consultation or referrals to other therapists, or both. Pending appointments are found in my therapy notes ~~appointment book~~, and everyone has access is aware of the location of my ~~appointment book~~.therapy notes

VIII. Maintenance of Records

- A. Clinical records should always be maintained for a minimum of 6 years before being destroyed. If the client is a minor, the record period is extended until 3 years after the age of majority. Outdated records should be shredded.

- B. If the client makes a written request, they have the right to receive copies of their clinical records. The client may also request that copies of their clinical records be forwarded to their new treatment provider.
- C. In the event that I have to terminate my practice and I am unable to manage the disposition of records, the ERT will notify current clients by letter or verbal communication of the closure and how to obtain their medical records. This may include putting a notice in the newspaper regarding the closure of the practice and how clients can obtain their records.
- D. The ERT will consult with the executor of the deceased estate about the proper storage of records by the estate.

IX. Professional Finances

A. Power of Attorney. The person with power of attorney to write checks and manage my professional finances is Julie Ryan. In the event of my incapacity or death, I have instructed Julie Ryan to consult the ERT on all financial matters pertaining to my clients.

B. Collections. In the event of my death, client billing records will be handled by either the bookkeeper at Flagstaff Child and Family Counselor Center, trained in handling confidential accounts, or an agreed-upon licensed mental health professional. I urge the ERT to respond to each situation using sound clinical judgment in dealing with amounts owed to my estate.

C. Financial Responsibility to the Practice. In the event of my sudden death, my estate shall be financially responsible for three months of regular business expenses. That will prevent the other partners from incurring a financial loss for the operating costs of the business until a new partner can be added. The three months of expenses will be deducted directly from income that is received from client billing. If that amount is insufficient, then partner buy-out fees will be assessed to make up the difference. Any remaining client billing income and partner buy-out fees will be paid to the estate.

X. Memorial Service

- A.** I want or am willing to have a public memorial
 I do not want a public memorial
 I have no objections to a memorial being given in the event that friends, relatives or clients who are inclined to, wish to

grieve together.

- B.** I have no objections to clients attending a public memorial service, but request that my family representative be consulted regarding the family's wishes.
- C.** Please see my notes regarding how I prefer that such an event be handled and my preference for special arrangements for my groups. The notes are in _____
in my will, in Julie Ryan's possession

XI. Mental Incapacitation


- A.** If a chemical dependence, organic illness, or mental illness, that is outside of my awareness, interferes with my judgment to the degree that may jeopardize the well being of my clients, I ask that one or more ERT members discuss this with me directly and request that I seek consultation or treatment from an appropriate mental health professional.
- B.** If a majority of the ERT continues to be concerned about the well-being of my clients I encourage them to contact my licensing board: Arizona State Board of Psychologist Examiners (602) 542-8162 or the Arizona Board of Behavioral Health Examiners (602) 542-1882.

XII. Additional Considerations: Please take the following additional considerations in the disposition of my professional practice.

XIII. Termination of Disposition Services: In the event that I retire from practice, or leave Flagstaff Child and Family Counseling Services, the ERT shall have no responsibility for the disposition of my clinical practice. My estate may consult with the ERT to ensure the ethical disposition of clinical records and other practice materials.

XIV. Conclusion: I thank my Emergency Response Team members in advance for your help during this difficult time. I regret any problem these requests may cause. I hope that you also take time to take care of yourself. I have chosen my friends and colleagues with great care. I trust your judgment and feel grateful that you have agreed to carry out my wishes.

Printed Name Justin Dallacqua

Signature  **Date** 8-14-17