

**Information for Professional Executor:  
Files, Passwords and Contacts List**  
(Sample Form)

I, \_\_\_\_\_, am providing the following information for use by my Professional Executor according to the provisions of my Professional Will, section FOURTH (B). Copies of this “**Files, Passwords, and Contacts List**” are stored with copies of my Professional Will in the following locations: one is in the possession of my professional executor; one is in the possession of my attorney; one is with my personal will; and one is with my professional liability insurance policy.

This list is intended to be maintained and updated as needed and to include sufficient detail to facilitate access to all relevant professional documents including client contact information, client records and other relevant documents, including hard copy and electronic files as well as back-up files.

- **Name of practice** (if different from my name above): \_\_\_\_\_
  
- **Office address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- **Location of keys to office:** \_\_\_\_\_
  
- **Individuals who may be able to assist in locating/accessing my client records and other relevant professional documents:**
  - Name: \_\_\_\_\_  
Relationship: (e.g., colleague, office staff, family member) \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_
  
  - Name: \_\_\_\_\_  
Relationship: (e.g., colleague, office staff, family member) \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_
  
  - Name: \_\_\_\_\_  
Relationship: (e.g., colleague, office staff, family member) \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_
  
- **Appointment book/software and client contact information (e.g., phone numbers, email addresses, information on how clients prefer to be contacted):**  
Location: \_\_\_\_\_  
Access:
  - Keys: (if any): \_\_\_\_\_
  - Passwords (if any): \_\_\_\_\_
  
- **Current client records**  
Location: \_\_\_\_\_  
Access:
  - Keys: (if any): \_\_\_\_\_

○ Passwords (if any): \_\_\_\_\_

● **Past client records**

Location: \_\_\_\_\_

Access:

○ Keys: (if any): \_\_\_\_\_

○ Passwords (if any): \_\_\_\_\_

● **Psychological test materials (if applicable):**

Location: \_\_\_\_\_

Access:

○ Keys: (if any): \_\_\_\_\_

○ Passwords (if any): \_\_\_\_\_

● **Professional billing and financial records:**

Location: \_\_\_\_\_

Access:

○ Keys: (if any): \_\_\_\_\_

○ Passwords (if any): \_\_\_\_\_

● **Professional liability insurance policy:**

Company and policy number: \_\_\_\_\_

Company phone number/email: \_\_\_\_\_

Location of policy: \_\_\_\_\_

Access:

○ Keys: (if any): \_\_\_\_\_

○ Passwords (if any): \_\_\_\_\_

● **Computer and other electronic devices on which patient information is stored (including electronic backup if not listed above, e.g., external hard drive, cloud storage):**

Type of computer: \_\_\_\_\_ Location: \_\_\_\_\_

\_\_\_\_\_ Password: \_\_\_\_\_

Type of device: \_\_\_\_\_ Location: \_\_\_\_\_

\_\_\_\_\_ Password: \_\_\_\_\_

Type of device: \_\_\_\_\_ Location: \_\_\_\_\_

\_\_\_\_\_ Password: \_\_\_\_\_

Type of device: \_\_\_\_\_ Location: \_\_\_\_\_

\_\_\_\_\_ Password: \_\_\_\_\_

● **Professional practice telephone, e-mail, and website:**

○ Phone number: \_\_\_\_\_ Voicemail access code: \_\_\_\_\_

○ Email address: \_\_\_\_\_ Password: \_\_\_\_\_

○ Website address: \_\_\_\_\_

Password/How to access as an administrator: \_\_\_\_\_

● **Additional professional files, filing cabinets, and/or storage facilities (if any):**

○ Description, location, and how to access: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_