

# Qualified Designated Person Document

Note: this form is provided as a guideline for the types of information that you may wish to convey to your qualified designated person. This information is intended to be accessed by your qualified designated person only, and only in the event that your designated person must take possession of your clinical and billing records for you. It should document your arrangements for reimbursement for expenses related to taking possession of your clinical records in the event of the closing of your practice, and reimbursement for the professional time involved in this endeavor. This document should be kept in a locked and secure location by the designated person.

1. Your name, and your professional name if applicable:
2. TAX ID#:
3. SS#:
4. Next of kin, or anyone who will be contacting your designated person:
5. Email address(es) and passwords:
6. Social media used: Circle if used: text?      Email?      FAX?      Facebook?  
Website?
7. Your instructions for each (attach separate page if necessary):
8. Computer/tablet/device password(s):
9. Location and brand (or other identifier) of computer/tablet/device(s):
10. Voicemail phone number:      password:
11. Location of voicemail device, also company/provider:
12. Cell phone #:      VM password:
13. Office address:
14. Billing service/place where billing records are stored:
15. Office Telephone:
16. FAX:
17. Location of keys to office, mailbox, and file cabinet:

18. alarm location, provider, disarm passcode:
19. contact person for accessing office or place where files are kept: (Name and phone#)
  
20. Mailbox #:
  
21. Location of records:
22. For electronic records: How to decrypt records: passwords, sequence of commands
23. Location of external drive(s) and passwords:
  
24. Client contact information: how to access this information.
  
25. How will the designated person be reimbursed for expenses related to closing your practice?
  
26. How will the designated person be reimbursed for their professional time involved in obtaining all clinical materials and records for your practice?

# Qualified Designated Person Agreement

If contacted by next of kin or other persons identified in the attached document, I agree to perform the duties necessary to take possession of all clinical materials and records pertaining to this practice.

Name of Qualified Designated Person (Print): \_\_\_\_\_

Signature of Qualified Designated Person: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to allow access to clinical materials and records, and to compensate this Qualified Designated Person as indicated in this document. I have instructed my next of kin or other persons identified in this document to allow access to my clinical records and materials to my qualified designated person in the event of my incapacitation or demise.

Psychologist name (Print): \_\_\_\_\_

Psychologist's signature: \_\_\_\_\_ Date: \_\_\_\_\_