

# PRIVATE PRACTICE BOOTCAMP™

## **WEEK SIX: CLINICAL LOGISTICS**

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## BUSINESS PHONE

**Your business phone number:**

**What is the monthly cost of this phone?**

**Will you allow clients to text you (if this is a cell phone)?**

**How long will it potentially take you to return client's messages?**

**On what days will you be checking your messages?**

**Between what hours will you be checking your messages?**

**Write out the script for your voicemail below:**

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## **BUSINESS EMAIL**

**What will your business email be?**

**What days will you check your business email?**

**Between what hours will you check your business email?**

**What information will you include in your email signature?**

**Write out your email signature below:**

**Write out your privacy statement to be included at the end of your emails below:**

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## OFFICE LOGISTICS

**What is the address of where you will see clients?**

**Will you have one location or more?**

**When do you have access to the office?**

**What is the cost of this office hourly/daily/weekly/monthly? (depending on arrangement)**

**What is included with your rent?**

**What business license/insurance do you need to work in this space?**

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## SUPERVISION PLAN

**What areas of practice would you like to get supervision in?**

**Who is providing those services in your area?**

*Fill in the blank:*

**For every \_\_\_\_\_ sessions with clients, I will get one hour of supervision.**

**Who in your area would you like to consult with?**

**What peers can support your in your clinical work?**

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## SCHEDULING

**What days will you see clients?**

**How many clients will you see in an average day?**

**How many clients will you see in an average week?**

**Between what times will you see clients during those days?**

**How much time will you take between sessions?**

*Fill in the blank:*

**I will have \_\_\_\_\_ min between my sessions and after \_\_\_\_\_ sessions I will take a \_\_\_\_\_ min longer break.**

## VACATIONS

**How many weeks of vacations will you take every year?**

**When will you take this time off?**

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## **EMERGENCY CONTINGENCY PLAN**

*NOTE: This is not considered a legal document. This template is for your planning purposes only.*

**My emergency designate is:**

**Their contact details are:**

**My personal emergency contact is: (next-of-kin, power-of-attorney etc)**

**Their contact details are:**

**In the event of an emergency where I am incapacitated and unable to contact my clients, the immediate plan is:**

**In the event my absence may be short-term, the plan is:**

**In the event my absence may be long-term, the plan is:**

**In the event of my death, the plan is:**

**My calendar and client contact details can be accessed by:**

**Any additional information required:**

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## **ADDITIONAL NOTES:**