

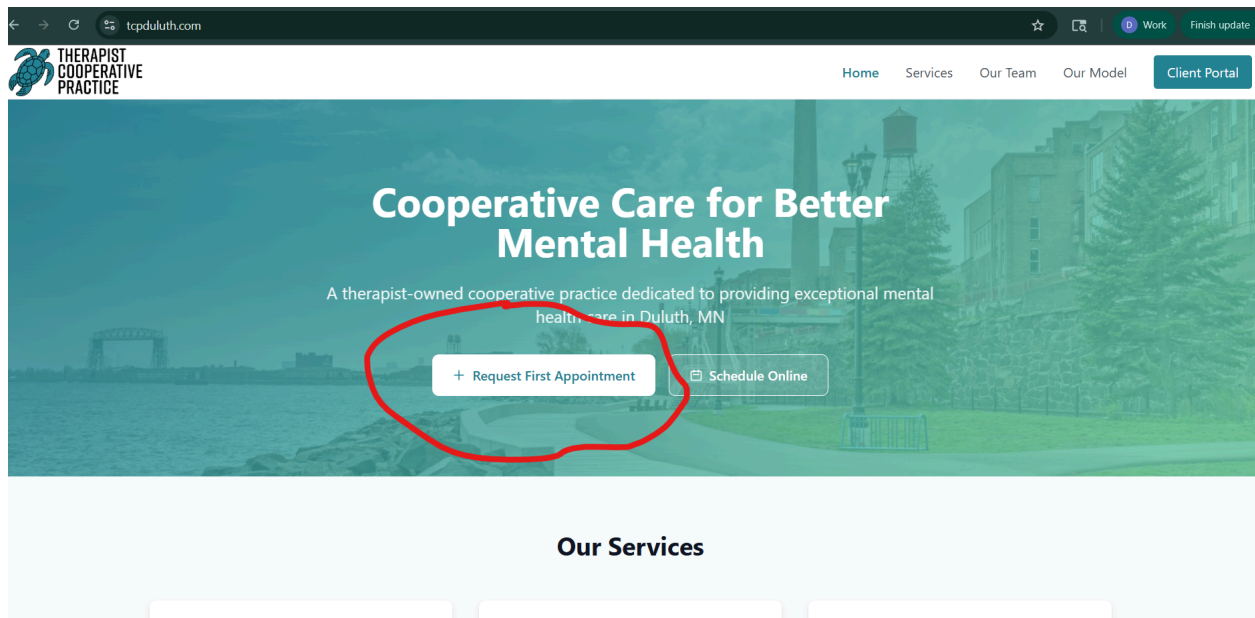
# How to Set Up Your Client Portal

## Step-by-Step Instructions for Getting Started

These setup instructions are designed to guide you through the process of setting up your new client portal and to help answer any questions you may have along the way.

### Request Your First Appointment

Go to <https://www.tcpduluth.com/> and click on the “Request First Appointment” button.



Next, **select the provider** you'd like to see and complete the rest of the form. *If you plan to use insurance, be sure to fill out the insurance information section.*

### Let's Get Started — We're So Glad You're Here

Welcome to Therapist Cooperative Practice! Take a moment to fill out the form below to request your first appointment. Once we receive it, someone from our team will be in touch shortly. We're honored to walk alongside you on your journey.

**Personal Information:**

First Name:\*

Middle Name:

Last Name:\*

Date of Birth:\*

Please select a Provider:

No preference

Please explain the reason you are seeking help at this time.

Your Information is Confidential! However, if you are uncomfortable fully describing your reasons for seeking services, please provide enough information so our staff can match you with the appropriate provider.

If you are experiencing a life threatening emergency, do not wait for a clinician to respond to your request. Report immediately to your nearest emergency room, or call 911

**Insurance:**

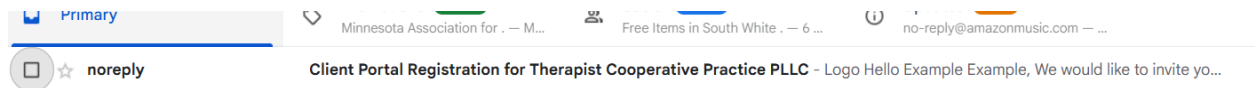
Insurance Company Name:

Member #:

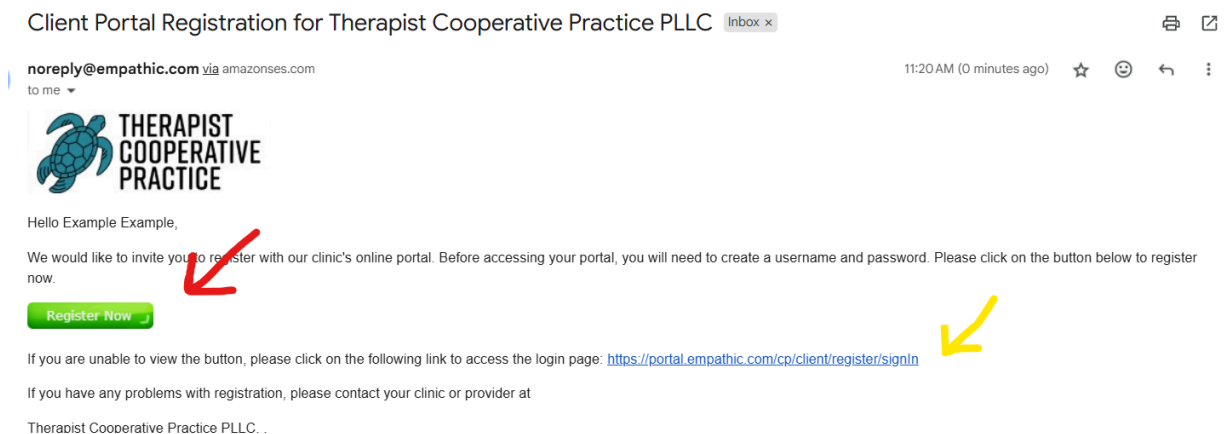
## Watch for Your Setup Email

After you submit the request form, your provider will receive it and send you a setup email.

The email will look like the example shown below. If you don't see it in your inbox, please check your spam or junk folder.



**Click the green “Register Now” button in the email to begin setting up your client portal. If the button doesn’t work, you can also click the link indicated by the yellow arrow in the email.**



## Create Your Username and Password

After clicking the link in your setup email, you'll be prompted to create a **username** and **password** for your client portal.

On this page, you'll also see two separate buttons allowing you to opt in to **text message** or **email** notifications. These are completely optional—feel free to select one, both, or neither based on your preference.

## Review and Sign Required Documents

Next, you'll be prompted to review and electronically sign a series of intake documents. Some of these documents will include the option to **download a copy for your records**, which you are welcome to do.

The screenshot shows a digital document titled "Text Messaging Consent Form" with a subtitle "Text / Email Message Appointment Reminder Terms of Service and Consent". The text explains the terms of service for appointment reminders via text or email. A list of 10 bullet points details the consent, confidentiality, and liability. At the bottom right, a blue button labeled "Sign document" is circled in red. The form is displayed in a window with a close button (X) in the top right corner and a vertical scrollbar on the right side.

**Text Messaging Consent Form**

**Text / Email Message Appointment Reminder  
Terms of Service and Consent**

In these Terms of Service, all references to Therapist Cooperative Practice PLLC shall include any person or entity acting on behalf of Example Example to deliver the Appointment Reminder service. By signing up for appointment reminders, I understand and consent to the following terms of service:

- I hereby consent to receive appointment reminders about my or my child's appointments via text message.
- I understand that text message communications may contain information I wish to keep confidential, for example, my medical information.
- I understand that text / email messages for the appointment reminder are not encrypted and may not be confidential.
- I also understand that Therapist Cooperative Practice PLLC cannot assure the privacy of a text / email message for these Appointment Reminders. Text / email messages travel via the public Internet or my carrier's network. It is not possible to verify that a text / email message is actually received, opened and read by the intended recipient. I accept the risk that my medical information may not be confidential when being sent via text message.
- I agree and understand that Therapist Cooperative Practice PLLC takes no responsibility for and disclaims any and all liability arising from any breach of confidentiality not caused by Therapist Cooperative Practice PLLC, inaccuracies or defects in software, communication lines, virtual private network, the internet or my internet service provider, mobile carrier or mobile carrier's network, access system, computer hardware or software, or any other service or device that I use to access text messages.
- I agree and understand that Therapist Cooperative Practice PLLC reserves the right to terminate text / email messaging of appointment reminders or any other reminders that occur within the email system, with me at any time for any reason without prior notice.
- I understand that I may terminate my participation in the appointment reminder or email reminder system by selecting "Opt out of text reminders," and/or, "Opt out of email reminders," in my Patient Portal. In such case, I understand, and I agree that I may receive one final message confirming that the reminder service has been stopped.
- I agree to notify Therapist Cooperative Practice PLLC as soon as practical if my mobile number or email address changes. I also agree and understand that Therapist Cooperative Practice PLLC takes no responsibility for and disclaims any and all liability arising from my failure to notify Therapist Cooperative Practice PLLC of a change in my mobile number or email address.
- There is no charge to me for this service; however, I understand that message and data rates may apply from my mobile carrier. Subject to the terms and conditions of my mobile carrier, I may receive text messages sent to my mobile phone or such other device or program that allows the receipt of text messages. By providing my consent to participate in this service, I approve any such charges from my mobile carrier.

**Sign document**

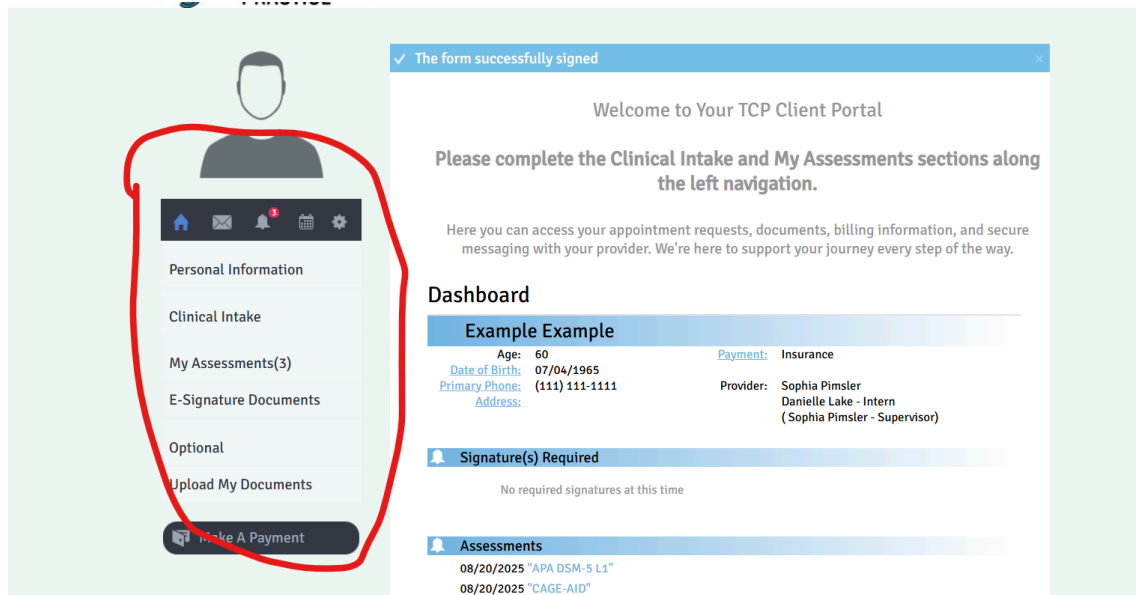
## Complete Intake Paperwork

After signing the required documents, you'll be directed to the **home screen** of your client portal.

On the **left-hand side**, you'll see a navigation menu. Before your initial appointment, please make sure to complete the following sections:

- **Personal Information**
- **Clinical Intake**
- **My Assessments**

These forms help your provider prepare for your first session, so it's important to complete them ahead of time.



### Helpful Tip: Saving Your Progress

As you fill out each section of the intake paperwork, you'll see two options: **"Save"** and **"Save and Continue."**

- Select **"Save"** if you'd like to take a break and return to the paperwork later without losing your progress.
- Choose **"Save and Continue"** to save the current section and move on to the next part of the documentation.

These options allow you to complete the paperwork at your own pace.

## Clinical Intake Section – Personal History

### Helpful Tip: Saving and Sending

When filling out this section, you'll see two buttons:

**"Save and Continue"** and **"Save and Send This Information to My Provider."**

No need to click *"Send to My Provider"* — your responses are automatically sent when you use **"Save and Continue."**

Just continue through each section, and everything will be securely shared once you're finished.

The screenshot shows the 'Reason for Seeking Counseling' form. On the left is a sidebar with a user profile icon and a menu: Home, Messages, Notifications (3), Calendar, and Settings. Below the menu are links to Personal Information, Clinical Intake, Personal History (highlighted in blue), Medications, My Assessments(3), E-Signature Documents, and Optional. The main content area has the title 'Reason for Seeking Counseling' and a paragraph: 'Please explain the reason that you are seeking help at this time. Your information is confidential, however if you are uncomfortable fully describing your reasons for seeking services, please provide enough information so that our staff can match you with a licensed counselor, psychologist, psychiatrist, or advanced registered nurse practitioner with the necessary training and expertise to help you.' Below this is a table with the header 'Reason' and rows for 'My Personal History', 'My Medical History', 'My Social History', and 'My Goals for Therapy'. To the right of the table is a text area titled 'Why are you seeking treatment?' with the placeholder text 'Example Example Example'. At the bottom are two buttons: 'Previous' and 'Save and Continue' (highlighted with a yellow circle), and a button 'Save and Send This Information to My Provider' (circled in red).

## Clinical Intake Section – Current Medications

### Helpful Tip: Adding Medications

To list any medications you're currently taking, click the blue **"+ Add"** button. You can enter as many medications as needed by repeating this step.

The screenshot shows the 'Current Medications' form. On the left is a sidebar with a user profile icon and a menu: Home, Messages, Notifications (3), Calendar, and Settings. Below the menu are links to Personal Information, Clinical Intake, Personal History\*, and Medications (highlighted in blue). The main content area has the title 'Current Medications' and an 'Edit' link. Below the title is a table with columns: Type, Amount, Frequency, Start Date, End Date, Name, Clinic, and Phone. The table has a header row for 'PHYSICIAN' and a data row with a blue background. Below the table is a blue button with a plus sign and the text '+ Add' (circled in red). At the bottom right is a trash can icon.

## My Assessments Section

### Helpful Tip: Saving Your Progress

Each assessment gives you the option to click **"Save and Continue Later"** or **"Next"**. Use **"Save and Continue Later"** if you need to pause and come back later and your progress will be saved.

**My Assessments**

Please pick an option for each item

Question 1 of 39

1. Concentrating on doing something for ten minutes?

☐ No Difficulty

☐ Mild Difficulty

☐ Moderate Difficulty

☐ Severe Difficulty

☐ Extreme Difficulty

[Save and continue later](#) [Next](#)

**Clinic Address**  
1420 London Rd Suite# 204  
DULUTH, MN 55805

**Contact**  
Phone:  
Fax:

© 2007-2025 Empathic™ Software Systems. All Rights Reserved.

## E-Signature Documents Section

### Helpful Tip: Reviewing or Updating Signatures

This section contains documents that were automatically generated and signed when you first accessed the client portal.

If your provider ever needs you to update a signature, simply click on the document to review and re-sign.

The **date next to each document** shows the **last time you signed it**, so you can easily track any updates.

**My Assessment**

Please pick an option for each item

Question 1 of 39

1. Concentrating on doing something for ten minutes?

☐ No Difficulty

☐ Mild Difficulty

☐ Moderate Difficulty

☐ Severe Difficulty

☐ Extreme Difficulty

Save and continue later Next

**Clinic Address**  
1420 London Rd Suite# 204  
DULUTH, MN 55805

**Contact**  
Phone:  
Fax:

© 2007-2025 Empathic™ Software Systems. All Rights Reserved.

## Optional Section

### Helpful Tip: "Referred By" & "Release of Information"

In this section, you'll see two optional forms: **"Referred By"** and **"Release of Information."**

- The **"Referred By"** section is completely optional—feel free to fill it out, but it's not required.
- Your practitioner will let you know if they'd like you to complete the **Release of Information** form. This form gives permission to communicate with other members of your care team to help coordinate your care.

Welcome to Your TCP Client Portal

Please complete the Clinical Intake and My Assessments sections along the left navigation.

Here you can access your appointment requests, documents, billing information, and secure messaging with your provider. We're here to support your journey every step of the way.

**Dashboard**

**Example Example**

Age: 60  
Date of Birth: 07/04/1965  
Primary Phone: (111) 111-1111  
Address:

Payment: Insurance

Provider: Sophia Pimsler  
Danielle Lake - Intern  
(Sophia Pimsler - Supervisor)

**Signature(s) Required**

No required signatures at this time

**Assessments**

08/20/2025 "APA DSM-5 L1"  
08/20/2025 "CAGE-AID"

## Upload My Documents Section

### Helpful Tip: Uploading Important Documents

To prepare for your sessions, please upload the following documents through your client portal:

#### 1. Insurance Card (if applicable)

- Go to the **Personal Information** section.
- Click **"Insurance Card Upload"** and upload clear photos of both the **front and back** of your insurance card.

#### 2. Credit or Debit Card (required for all clients)

- All clients are asked to keep a card on file for billing purposes.
- To upload your card, go to the **"Upload Documents"** section at the bottom of the navigation menu.
- Upload clear photos of both the **front and back** of your card.

The image displays two side-by-side screenshots of a client portal interface for 'COOPERATIVE PRACTICE'.

**Left Screenshot: Upload Insurance Card**

- Header:** 'Upload Insurance Card' with a sub-header 'Front Side:' and a file upload area showing 'No file selected'.
- Form:** A 'Back Side:' section with another file upload area showing 'No file selected'.
- Buttons:** 'Save' (circled in red), 'Clear', 'Skip', and 'Save and Continue' (circled in yellow).
- Footer:** 'Clinic Address: 1420 London Rd Suite# 204, DULUTH, MN 55805' and 'Contact: Phone: Fax:'.
- Navigation Menu:** Personal Information, Contact Information\*, Insurance, Emergency Contact, Insurance Card Upload (highlighted), Clinical Intake, My Assessments(3), E-Signature Documents.

**Right Screenshot: Upload My Documents**

- Header:** 'Upload My Documents' with a sub-header 'Name of Your File (Please use only English characters, numbers, space, hyphen and/or underscore)'.
- Form:** A file upload area showing 'No file selected' and a 'Browse' button.
- Buttons:** 'Save' and 'Clear'.
- Footer:** 'Clinic Address: 1420 London Rd Suite# 204, DULUTH, MN 55805' and 'Contact: Phone: Fax:'.
- Navigation Menu:** Personal Information, Clinical Intake, My Assessments(3), E-Signature Documents, Upload My Documents (highlighted), Make A Payment.

## Make a Payment Section

### Helpful Tip: Submitting Payments

If you have a balance, click **"Make a Payment"** to submit your payment securely through the portal.

You can also choose to **save your card** on file and **authorize the clinic to use it** for future payments, making billing easier and faster.



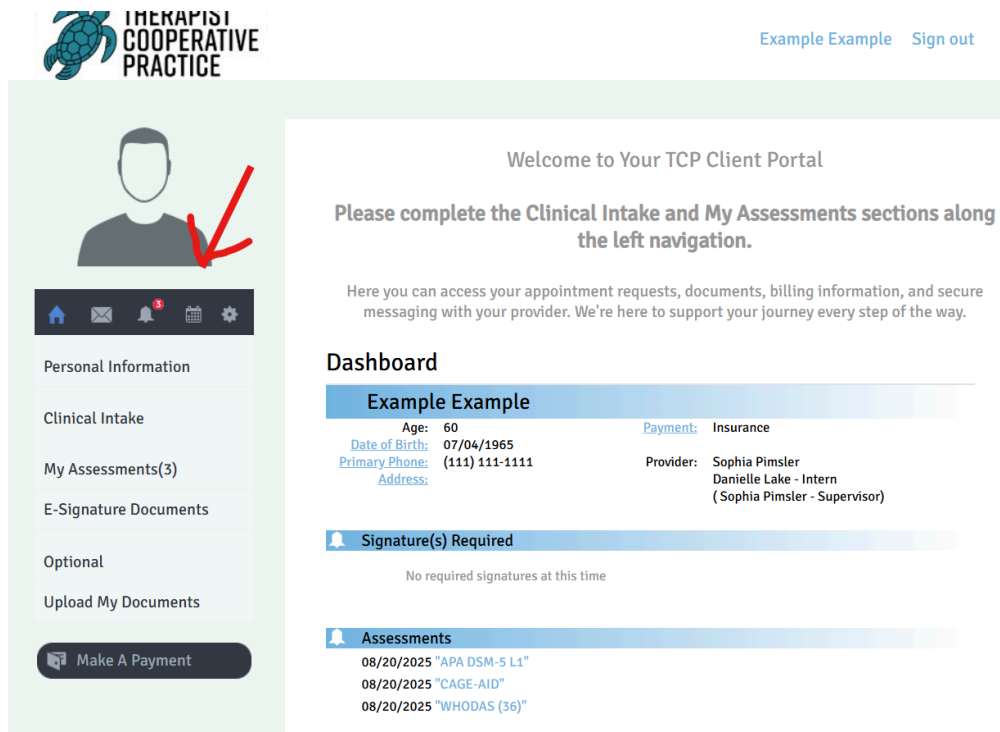
## Navigation Overview

### Helpful Tip: Using the Client Portal Navigation

At the top of the portal, you'll find navigation options to help you:

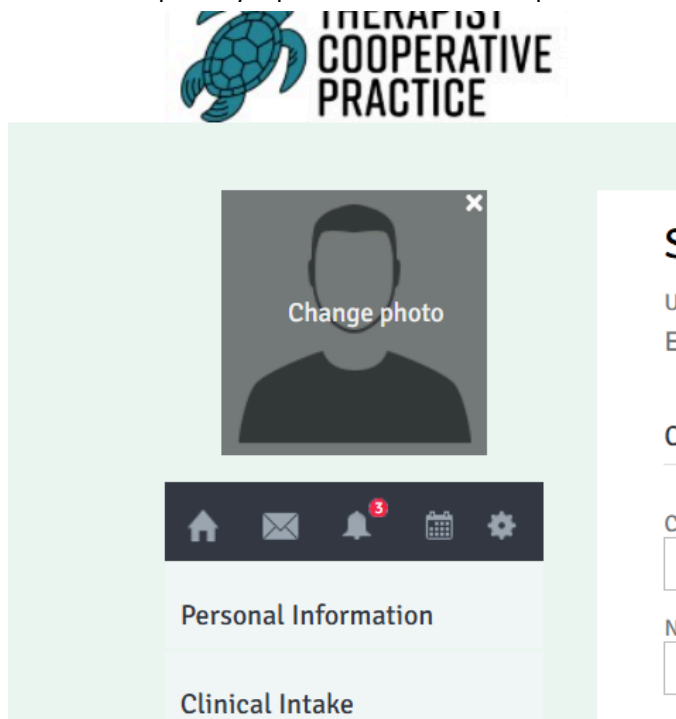
- Return to the **Home Screen**
- **Send and Receive Messages** with your provider
- View **Notifications**
- See your **Schedule**
- Make changes to your **Settings**

Use these tools anytime to stay connected and manage your care easily.



## Profile Picture (Optional)

You can choose to add a picture of yourself to your profile by clicking on the picture icon. This is completely optional and not required.



### **Thank You**

Thank you for taking the time to set up your client portal. We know it takes time and effort, and we truly appreciate the energy you've put in.

### **Why It Matters**

Your portal helps streamline communication and organization, allowing your clinician to better support your care.

### **We're Here for You**

We're here to encourage, support, and empower you throughout your therapy journey. If you ever have questions or need assistance, don't hesitate to reach out.