

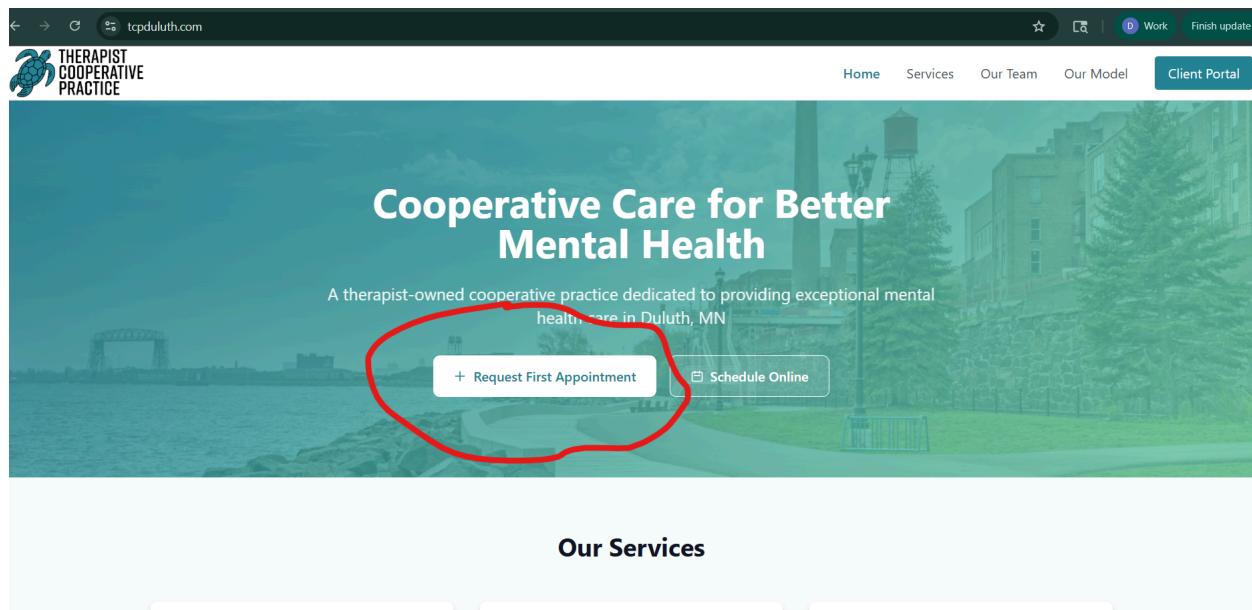
How to Set Up Your Client Portal

Step-by-Step Instructions for Getting Started

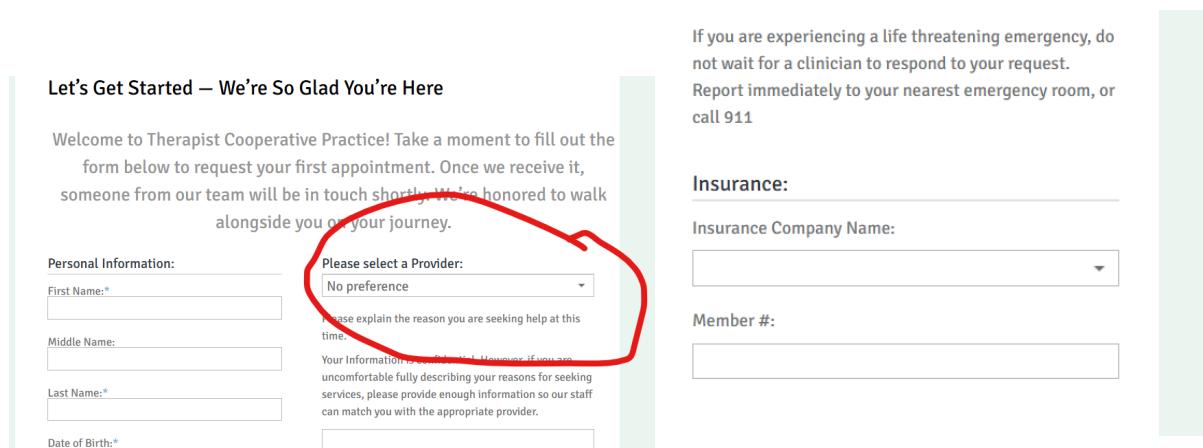
These setup instructions are designed to guide you through the process of setting up your new client portal and to help answer any questions you may have along the way.

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 used internally. 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.

Insurance:

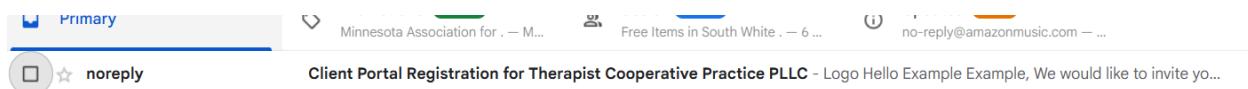
Insurance Company Name:

Member #:

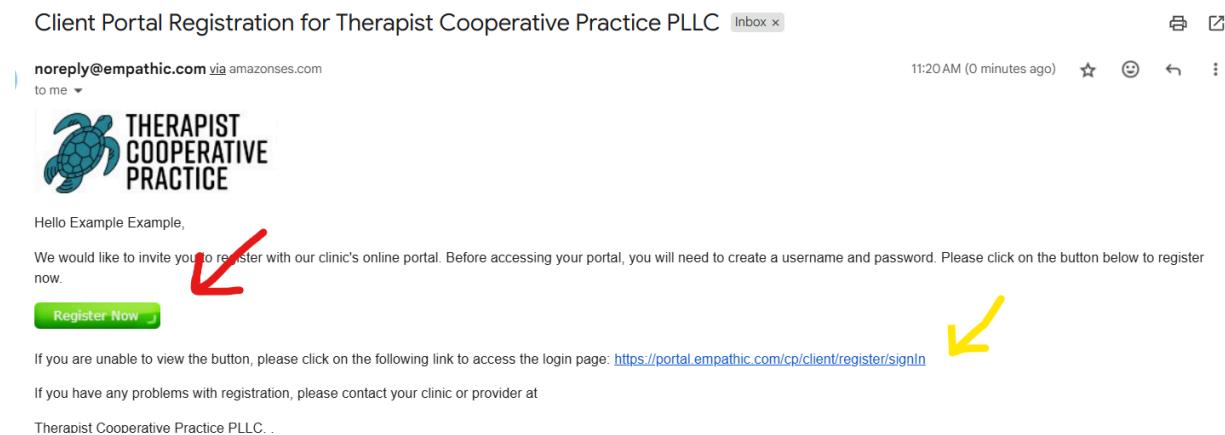
Watch for Your Setup Email

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.



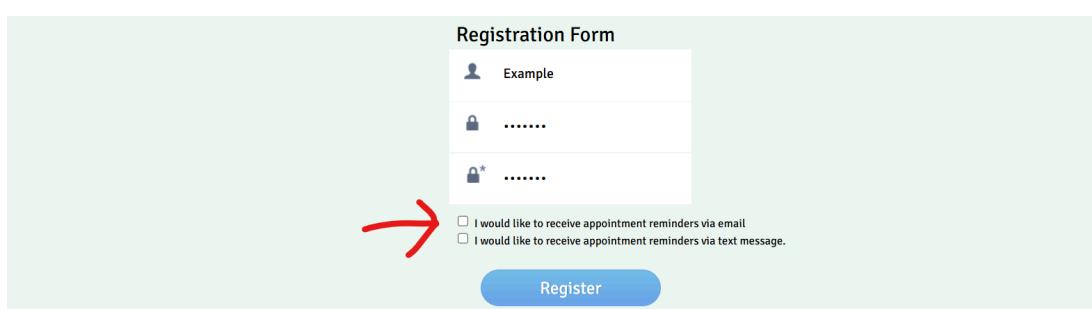
Click the green “Register Now” button in the email to begin setting up your client portal. If the button doesn’t work, you can also click the link indicated by the yellow arrow in the email.



Create Your Username and Password

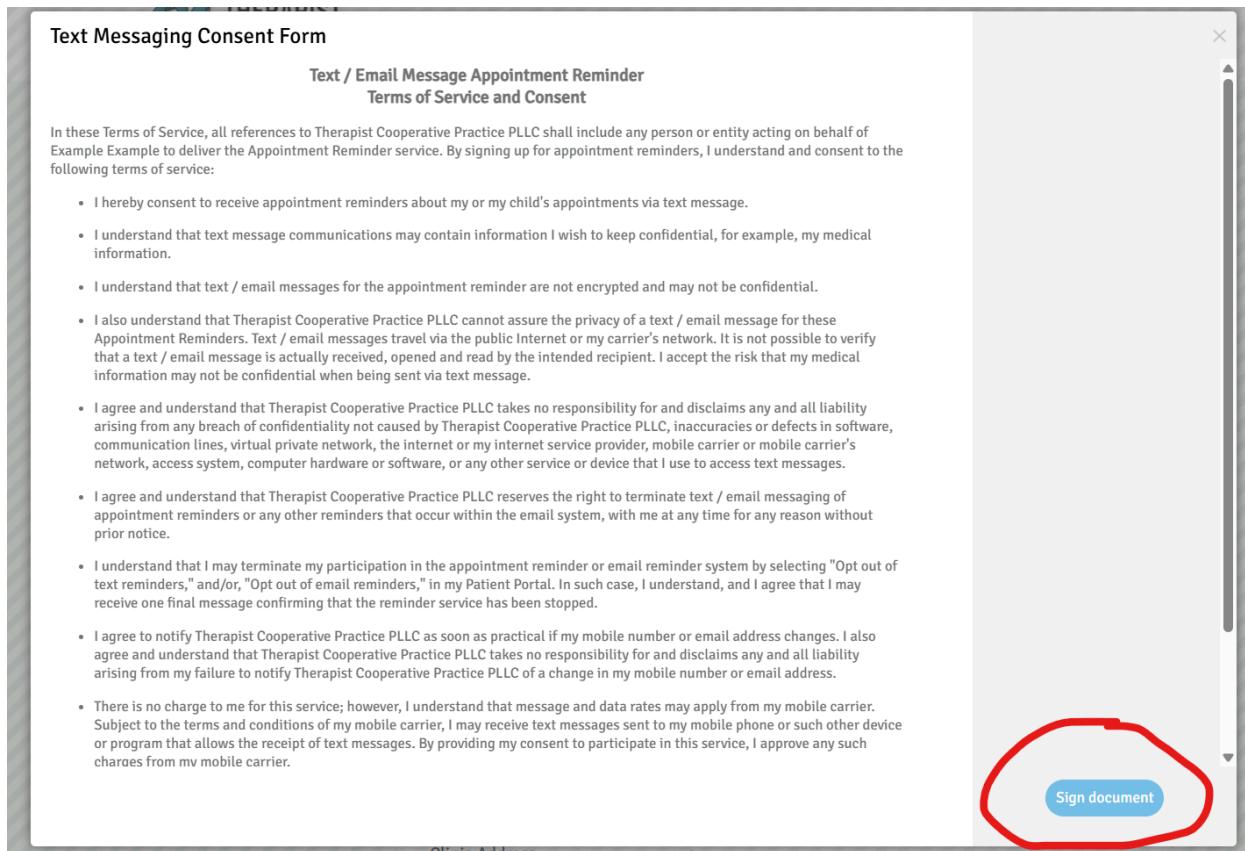
After clicking the link in your setup email, you'll be prompted to create a **username** and **password** for your client portal.

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.



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.

Clinic Address **Contact**

Sign document

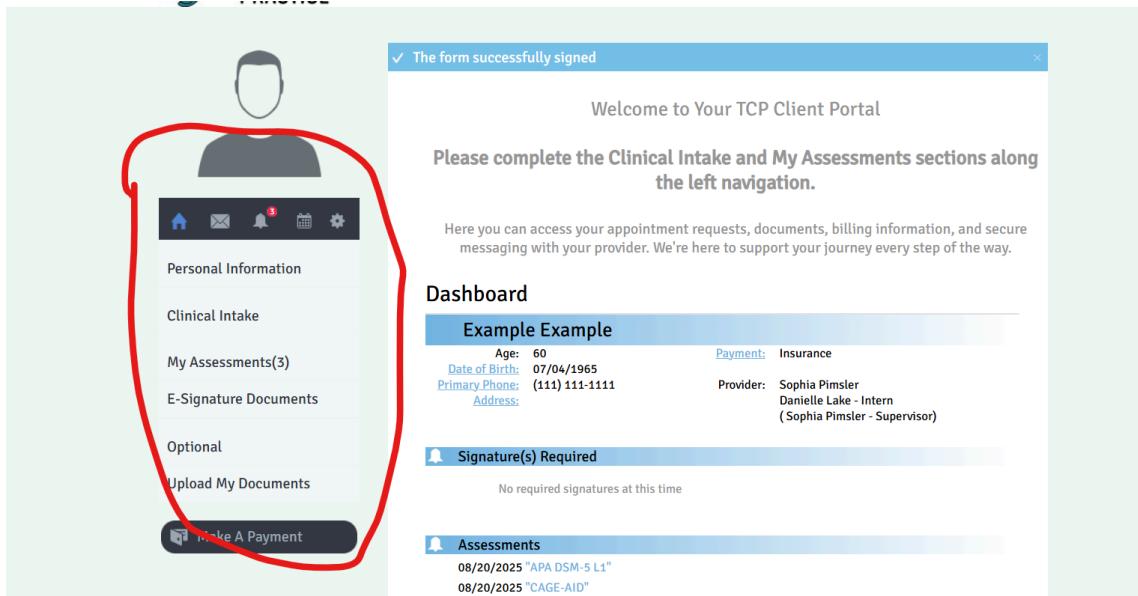
Complete Intake Paperwork

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.

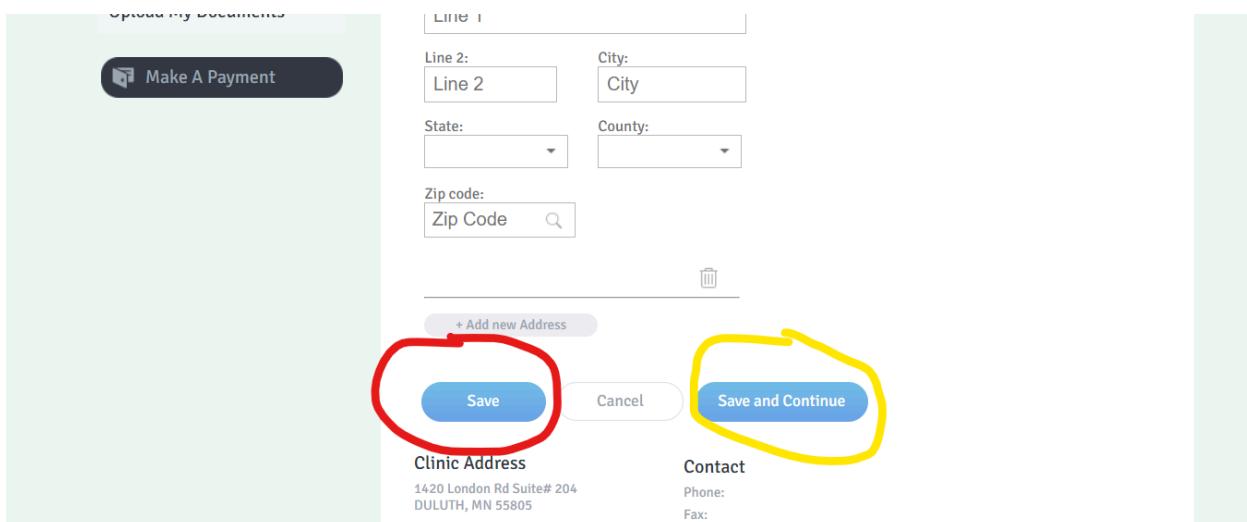


Helpful Tip: Saving Your Progress

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

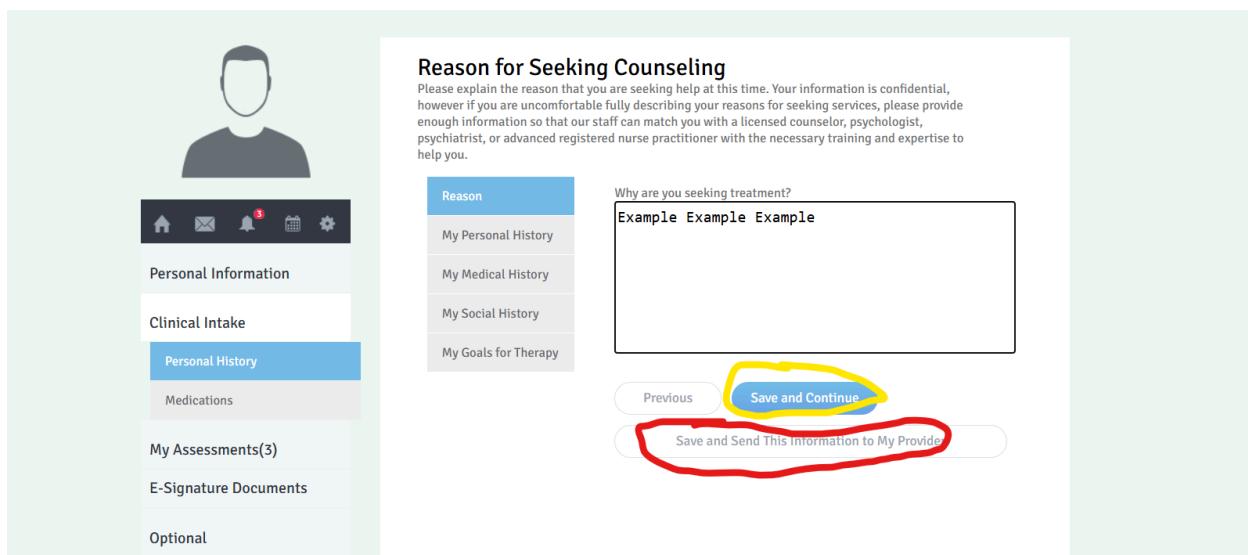
Helpful Tip: Saving and Sending

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.



Reason for Seeking Counseling

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.

Why are you seeking treatment?

Example Example Example

Reason

My Personal History

My Medical History

My Social History

My Goals for Therapy

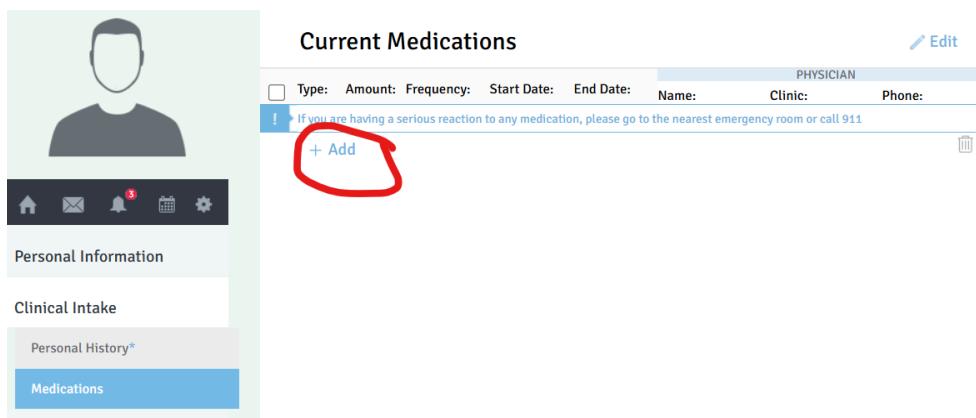
Save and Continue

Save and Send This Information to My Provider

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.



Current Medications

Type:	Amount:	Frequency:	Start Date:	End Date:	PHYSICIAN	Name:	Clinic:	Phone:
! If you are having a serious reaction to any medication, please go to the nearest emergency room or call 911								

+ Add

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.

The image shows two screenshots of a client portal. The left screenshot displays a sidebar with various sections: Personal Information, Clinical Intake, Personal History, Medications, My Assessments (3), E-Signature Documents, and Optional. The 'My Assessments (3)' section is circled in red. The right screenshot shows an 'Assessment' page with a question '1. Concentrating on doing something for ten minutes?' and five difficulty level radio buttons. Below the question are 'Save and continue later' and 'Next' buttons, with 'Save and continue later' circled in yellow and 'Next' circled in red.

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:

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Optional

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:

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

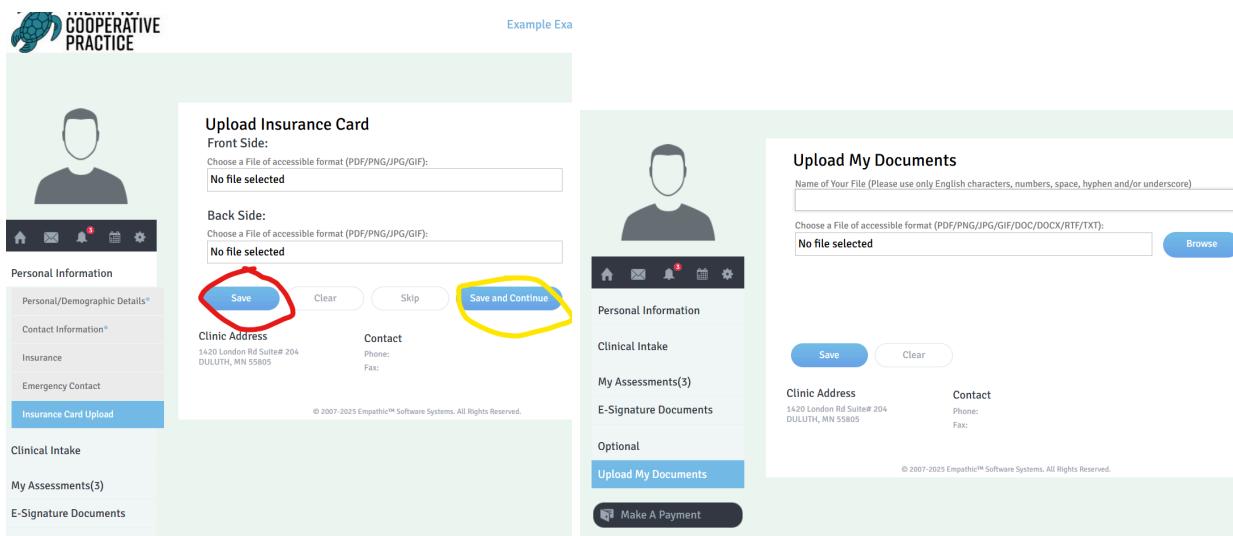
To prepare for your sessions, please upload the following documents through your client portal:

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.



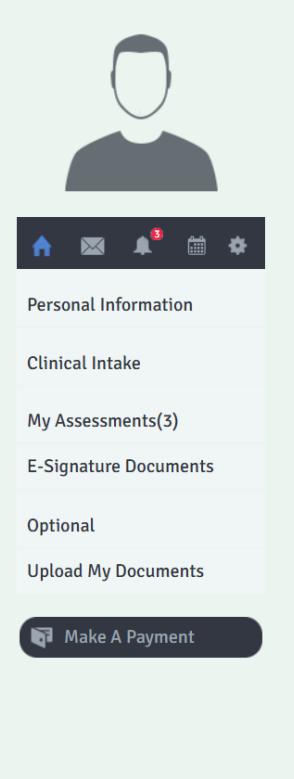
The image displays two side-by-side screenshots of a client portal interface. The left screenshot shows the 'Upload Insurance Card' section, which includes fields for 'Front Side' and 'Back Side' with 'Choose a File of accessible format (PDF/PNG/JPG/GIF):' dropdowns. Below these are 'Save', 'Clear', 'Skip', and 'Save and Continue' buttons. The 'Save' button is circled in red, and the 'Save and Continue' button is circled in yellow. The right screenshot shows the 'Upload My Documents' section, which includes a 'Name of Your File' input field, a 'Browse' button, and a 'Save' button. Both screenshots feature a navigation bar with icons for Home, Email, Calendar, and Settings, and a footer with the clinic's address (1420 London Rd Suite# 204, DULUTH, MN 55805) and copyright information (© 2007-2025 Empathic™ Software Systems. All Rights Reserved.).

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.



The navigation bar on the left includes a user profile icon, a home icon, a message icon with a red '3' notification, a bell icon, a calendar icon, and a settings gear icon.

Personal Information

Clinical Intake

My Assessments(3)

E-Signature Documents

Optional

Upload My Documents

Make A Payment

Make A Payment

Please select payment method

Pay by New Card

Amount: 0

Card Number: 0000 0000 0000 0000

First name on card: Example

Last name on card: Example

Not my card

Expiration Date: 03 2030

Card security code: 0000

Save the card

Allow clinic to use the card

Pay **Cancel**

Sorry. There are no client statements in Your file at the moment.

For additional information on your financial account, please contact the clinic.

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

Contact
Phone:
Fax:

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.



[Example](#) [Example](#) [Sign out](#)



Personal Information

Clinical Intake

My Assessments(3)

E-Signature Documents

Optional

Upload My Documents

 [Make A Payment](#)

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	Payment: Insurance
Date of Birth: 07/04/1965	
Primary Phone: (111) 111-1111	Provider: Sophia Pimsler
Address:	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"
08/20/2025 "WHODAS (36)"

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.



[Change photo](#)

Personal Information

Clinical Intake

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.