



Community Staff Registration Form

Bluestone Physician Services created the Bluestone Bridge to provide secure, direct communication between families and the patient care team. Users are not allowed to enroll as a group and each user must have an individual, account to utilize the Bluestone Bridge. The Nurse Manager, Director of Nursing, or Health Administrator must complete the form. By completing this form you agree to the Bluestone Bridge Terms of Use and agree to follow all HIPAA Guidelines and Requirement's.

Step 1: (New Registration Only)

Go to www.bluestonemd.com and click on the "New User" button in the upper right hand corner. Follow the steps for online Bridge registration then move to step 2.

Step 2:

Return this completed form to Bluestone Physician Services within (5) days of users registering on the Bluestone Bridge, via fax: 651-342-1428

Add User

Remove User

First Name: _____ Last Name: _____

Title: _____

Email Address: _____

If you do not have a company email address, please use firstname.lastname@communitydomain.com

*****Personal email addresses may not be used*****

This is not a working email address

Community Name: _____

Community Address: _____

Community Phone Number: _____

Name of person filling out this form: _____

Title: _____

Signature: _____ Date: _____