



**Bluestone National Headquarters**

270 Main Street North, Suite 300

Stillwater, MN 55082

**Phone:** 651-342-1039

### **Service Partner Validation Form**

Bluestone Physician Services created the Bluestone Bridge to provide secure, direct communication between families, facility nursing staff, service partners and our providers.

Service Partners must supply appropriate documentation to support their need for patient access on the Bridge and validate their employment with that service agency.

Bridge User Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Service Agency: \_\_\_\_\_

Service Agency Address (City, State, Zip): \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

I certify that I am an employee of the above stated service agency and agree to follow all terms and conditions of the Bluestone Bridge. I will follow all HIPAA guidelines when using the Bluestone Bridge, including accessing only the patients that I am providing direct patient care for.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Patient access will be approved when a signed certification or recertification is received by Bluestone Physician Services.*

*Patient access will be removed upon the end date of the certification or recertification.*

**FAX COMPLETED FORMS TO:**

651-342-1428