



## Community Staff & Service Partner 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. Service Partner's must supply appropriate documentation to support their need for patient access and validate their employment with that service agency.

*Step 1: (New Registration Only)*

Go to <https://bps.bluestonebridge.com> and click the Enroll for Bridge Access link then follow the steps to register.

*Step 2:*

Return this completed form to Bluestone Physician Services within (5) days of users registering on the Bluestone Bridge, via fax: 651-342-2549 or by email to [bridgeforms@bluestonemd.com](mailto:bridgeforms@bluestonemd.com)

**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](mailto:firstname.lastname@communitydomain.com)  
\*\*\*Personal email addresses may not be used\*\*\***

This is not a working email address

Previously used email

Community/Service Agency Name & Code: \_\_\_\_\_

Community/Service Agency Address: \_\_\_\_\_

Community/Service Agency Phone Number: \_\_\_\_\_

Name of person filling out this form: \_\_\_\_\_

Title: \_\_\_\_\_

I certify that the user listed is an employee of the above stated Community/Service Agency and agree to follow all HIPAA guidelines and terms & conditions of the Bluestone Bridge.

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