

Bluestone Bridge Registration Form

Thank you for your interest in joining the Bluestone Bridge communication portal!

To register, please log on to our website at <https://mankato.bluestonebridge.com>. Follow the steps to complete the registration process and, if appropriate, submit the supporting legal documents (*Health Care Directive, Medical Power of Attorney forms, proof of guardianship, etc.*) to our office within 7 days of registration via one of the methods listed below. Due to HIPAA privacy and security regulations, forms will not be accepted via email. Access to the Bluestone Bridge will not be approved until these forms are received.

- Fax: 507-385-4186
- Mail: 1230 East Main Street, Mankato, MN 56001

Please list other family members you wish to grant access to in the spaces provided below, access will not be granted until they register themselves on the Bluestone Bridge. Please provide us with their email address so we may send them the registration link:

Name: _____ Relationship to Patient: _____

Email: _____

Name: _____ Relationship to Patient: _____

Email: _____

Name: _____ Relationship to Patient: _____

Email: _____

I do not wish to approve access to additional users at this time.

Patient's Full Name

Date of Birth

Patient's Signature (or legal representative)

Date

Note: *This consent must be signed by the patient, unless the patient is mentally or physically unable to sign, or is a minor.*

Legal representative – Relationship to client

Physical or mental disability

Other

Minor

Please contact us with questions regarding this service or if you would like this registration form mailed to your home address.

Please return this form along with your completed enrollment paperwork.