

## **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 <a href="https://mankato-204d.bluestonebridge.com/default.aspx">https://mankato-204d.bluestonebridge.com/default.aspx</a>. 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: 1421 Premier Drive, 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:	
	Relationship to Patient:
Email:	
	_Relationship to Patient:
Email:	
$\square$ I do not wish to approve access to additional users at this t	
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.