Bluestone Bridge and Patient Portal Registration

To register on the Bluestone Bridge:

- Visit our website at **www.BluestoneMD.com** and click on the Bluestone Bridge "New User" link in the upper right corner
- Follow the steps to complete the registration process
- Fax or mail this form and the supporting legal documents *(Health Care Directive, Medical Power of Attorney forms, proof of guardianship, etc.)* to our office within 7 days of registration
- Due to HIPAA privacy and security regulations, forms cannot be accepted via email
- Once registered on the **Bluestone Bridge**, you will receive login information for the **Patient Portal** which allows access to your personal health records

MINNESOTA:
FAX: 651-342-1428
MAIL: 270 Main St. North, Suite 300
Stillwater, MN 55082

WISCONSIN:
FAX: 888-972-8297
MAIL: 888 Thackery Trail, Suite 103
Oconomowoc, WI 53066

FLORIDA:
FAX: 855-523-3935
MAIL: 300 S Hyde Park Ave, Suite 210
Tampa, FL 33606

Please list in the spaces below any family members or others involved in your care whom you wish to give access to the Bluestone Bridge. Access will not be granted until they register themselves on the Bluestone Bridge. Additional information about these services, including an online consent, is available on our website.

By signing below, you acknowledge that you are giving the following individuals access to your health care records maintained by Bluestone, including updates on your health care status.

Name: _____ Relationship to Patient: _____

Email:_____

Name: _____ Relationship to Patient: _____

Email:_____

Name: _____ Relationship to Patient: _____

Email:_____

_____ _____
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.
Minnesota: 651-209-7761 *Wisconsin: 262-354-3744* *Florida: 813-259-1013*

07/2015

US.54678059.02