

## Patient Access Request Form

The Bluestone Bridge provides secure, direct communication between families, facility nursing staff, service partners and our providers.

Service Partners (Home Care/Hospice clinicians) must supply appropriate documentation to support their need for patient access on the Bluestone Bridge.

Documentation Provided (*Please fax to Bluestone Vista, Provided by Mankato Clinic with this form*):

Home Health Certification/Recertification (form CMS-485 or equivalent)

Start of care date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End of care date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Hospice Certification/Recertification (form CMS-485 or equivalent)

Start of care date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End of care date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed Physician Orders

### Patient Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Facility: \_\_\_\_\_

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

### Individuals Requiring Access (include email addresses):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Bluestone Bridge access will be removed at end of care unless a new form and supporting documentation is received)*

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

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