



Monroe Livingston Region Program Agency

Division of Prehospital Medicine, University of Rochester

Mailing Address: 601 Elmwood Avenue, Box 655, Rochester, NY 14642

Physical Address: 120 Corporate Woods, Suite 100, Rochester, NY 14623

Phone: (585) 463-2900 Fax: (585) 463-2966 E-Mail: mlrems@urmc.rochester.edu

Release of Quality Assurance Information Waiver

I, _____ (print name), hereby authorize the Monroe Livingston Region Program Agency and the REMAC QA Committee to release a summary of my regional Quality Assurance records in accordance with the attached Release of Quality Assurance Information Policy to _____ (name of Authorized Agency Representative) at _____ (name of Agency).

This waiver will expire 30 days from the date signed.

Name (please print) _____

CFR/EMT # _____

Signature _____

Date _____