



COMMUNITY HOSPITALS & WELLNESS CENTERS
433 W. High Street; Bryan, Ohio 43506-1679
Medical Record Dept. Phone: (419) 630-2107
Medical Record Dept. Fax: (419) 636-1770

www.chwchospital.org

How to Request Your Medical Information

(Allow 2 Business Days for Processing)

- Complete the “Authorization for Release of Medical Information” form.

The form is available from:

- CHWC website using the steps below
- picked up at any CHWC facility, or
- faxed/mailed upon request by calling 419-630-2107.

Obtaining the form via hospital website:

1. Go to www.chwchospital.org
2. Click on “Medical Release Form” located on the left side of the page

- Send Completed form to the Medical Records Department.

Fax: 419-636-1770
Address: 433 W High Street
Bryan, OH 43506

Or the form can be dropped off at the Registration Desk near the main entrance at one of the following CHWC facilities: Bryan Hospital, Montpelier Hospital, or Archbold Medical Center.

- Pick up your Medical Information by checking in with Admissions at the Bryan Building. Records can be mailed upon request. Identification is needed at the time of pick up; photo ID preferred. Charges may apply.

Feel free to contact the CHWC Medical Records Department for any questions or concerns.

THANK YOU!

