Person/Institution Requesting Patient's Record	Patient Consent Required	Fee
Birth: Time of Birth, Proof of Birth	Yes	\$30 (pre-payment required)
Colleges:		
-College of Physicians and Surgeons	Yes	\$30 (pages 1-20)
-College of Nurses of Ontario		\$0.25 for each additional page
Color Copies		\$1.00 per copy surchage
Community Services: VON, Home Care,	Yes	No
Thunder Bay District Health Unit, NOSP		
Coroner	No	No
Criminal Injuries Board	Yes	\$140
Employer	Yes	Yes
Executors of Estate	Yes	\$30 (pages 1-20)
		\$0.25 for each additional page
Family and Children's Services	Yes	No
Hospitals, Direct Transfer	No	No
Hospitals, Not Direct Transfer	Yes	No
Insurance Companies	Yes	\$100
Lawyers	Yes	\$30 (pages 1-25)
		\$0.25 for each additional page
Copy to CD (Xray)	yes	\$30.00
Patient / Substitute Decision Maker	Yes	\$30 (pages 1-25)
		\$0.25 for each additional page
Physician, Attending	No	No
Physician, Other facility	Yes	No
Police, no warrant	Yes	No
Police, order warrant, other process by	No	No
Court in Ontario		
Probation/Parole Officers	Yes	No
Psychiatric - Form 14	Yes	Dependant upon requestor
Public Trustee	No	No
Urgent/Stat (required within 5 bus. days)	Yes	\$150 (in addition to scheduled fee)
WSIB	Yes	\$48.15