

Information about Hospitalization (on Voluntary Basis)

To:

Date:

1. Your admission to the hospital is carried out with your agreement and constitutes a voluntary admission under the provisions set out in Article 22-3) of Law on Mental Health and Welfare for the Mentally Disabled.
2. While in hospital, you are not refrained from communicating with others outside the hospital through letters or postcards. Nevertheless, when foreign substance is seemingly enclosed in envelope addressed to you, you will be asked to open it in the presence of hospital staff. Depending on the nature of the enclosed substance, it may be kept by the hospital administrator.
3. While in hospital, you are not refrained from seeing or talking on phone with public officers in charge of protecting human rights, your lawyer as legal representative, or a lawyer who comes to see you to be appointed as your legal representative upon request of you or your guardian. However, you may be refrained temporarily from seeing or talking on phone with others except for the above mentioned people according to instructions that your doctor may issue depending on your conditions.
4. While in hospital, you are basically treated in an open environment. In other words, you have free access to the outside of hospital except during the night time. However, when your treatment program requires to do so, you may have a limited access to the outside.
5. While in hospital, you may be limited in your movement when your treatment program extremely requires so.
6. Since you are hospitalized on the voluntary basis, you can leave the hospital by requesting so. However, a doctor designated under the mental health policies considers it necessary to continue your treatment in hospital with findings of his diagnosis, you may be required to remain in hospital. If it becomes the case, you will be informed of the decision of the doctor to continue your treatment in hospital.
7. If you find anything unclear or unacceptable, please feel free to ask the hospital staff. If you do not still accept it, you or your guardian can request the governor of the prefecture in which your hospital is located to issue instructions to the hospital administration for discharge or improvement of treatment they provide to you. If you would like to know more about these procedures, please ask the hospital staff or local governmental offices listed below for detailed information.

< List >

8. Please concentrate on your recuperation according to the treatment plan that the hospital has made for you.

Name of hospital

Administrator

Doctor in charge

Consent to Voluntary Hospitalization

Date:

To: Director of XXXXX Hospital

Name of patient

Born

Address

Having accepted what is written in "Information about Hospitalization," I hereby agree to be admitted to your hospital in accordance with the provision under Paragraph 1 of Article 22-4 of the Law Concerning Mental Health and Welfare for the Mentally Disabled.

Information about the Medically Protective Admission

To:

1. You were admitted to the hospital on <date> as it is recognized necessary to have you hospitalized as a result of diagnosis on you made by the designated doctor under the mental health policies.
2. Your admission was made under Paragraphs 1 and 2 of Article 33 of the Law concerning Mental Health and Welfare for the Mentally Disabled, constituting a medically protective admission.
3. While in hospital, you are not refrained from communicating with others outside the hospital through letters or postcards. Nevertheless, when foreign substance is seemingly enclosed in envelope addressed to you, you will be asked to open it in the presence of hospital staff. Depending on the nature of the enclosed substance, it may be kept by the hospital administrator.
4. While in hospital, you are not refrained from seeing or talking on phone with public officers in charge of protecting human rights, your lawyer as legal representative, or a lawyer who comes to see you to be appointed as your legal representative upon requests of you or your guardian. However, you may be refrained temporarily from seeing or talking on phone with others except for the above mentioned people according to instructions that your doctor may issue depending on your conditions.
5. While in hospital, you may be limited in your movement when your treatment program inevitably requires so.
6. If you find anything unclear or unacceptable, please feel free to ask the hospital staff. If you still do not accept it, you or your guardian can request the governor of the prefecture in which your hospital is located to issue instructions to the hospital administration for discharge or improvement of treatment. If you would like to know more about these procedures, please ask the hospital staff or local governmental offices listed below for detailed information

< List >

7. Please concentrate on your recuperation according to the treatment plan that the hospital has made for you.

Name of the Hospital:

Administrator:

Designated doctor

Doctor in charge

Information about Hospitalization (Emergency Admission)

To:

1. You were admitted to the hospital on <date> as it is recognized necessary to have you hospitalized as a result of diagnosis on you made by the designated doctor under the mental health policies.
2. Your admission was made under Article 33-4 of the Law concerning Mental Health and Welfare for the Mentally Disabled, constituting an emergency admission.
3. While in hospital, you are not refrained from communicating with others outside the hospital through letters or postcards. Nevertheless, when foreign substance is seemingly enclosed in envelope addressed to you, you will be asked to open it in the presence of hospital staff. Depending on the nature of the enclosed substance, it may be kept by the hospital administrator.
4. While in hospital, you are not refrained from seeing or talking on phone with public officers in charge of protecting human rights, your lawyer as legal representative, or lawyer who comes to see you to be appointed as your legal representative upon requests of you or your guardian. However, you may be refrained temporarily from seeing or talking on phone with others except for the above mentioned people according to instructions that your doctor may issue depending on your conditions.
5. While in hospital, you may be limited in your movement when your treatment program inevitably requires so.
6. If you find anything unclear or unacceptable, please feel free to ask the hospital staff. If you still do not accept it, you or your guardian can request the governor of the prefecture in which your hospital is located to issue instructions to the hospital administration for discharge or improvement of treatment. If you would like to know more about these procedures, please ask the hospital staff or local governmental offices listed below for detailed information

< List >

7. Please concentrate on your recuperation according to the treatment plan that the hospital has made for you.

Name of the Hospital:

Administrator:

Designated doctor

Doctor in charge

Notice of Physical Restriction

To:

Date

1. As you are in either one or more of the conditions listed below, you are going to be physically restricted starting from <hour/time >.
2. When your conditions pertinent to those listed below improve, you will be released from physical restriction.

Conditions:

- a. Attempt to commit suicide or hurt yourself is imminently perceived.
- b. Hyperactivity or restlessness is remarkably manifested.
- c. Due to other mental disorders than those specified in the above a. and b., leaving the patient unattended will threaten the life of the patient him/herself.
- d. Others:

Name of the designated mental health doctor

Notice of Isolation

To:

Date:

1. As you are in either one or more of the conditions listed below, you are going to be physically isolated starting from <hour/time>.
2. When your conditions pertinent to those listed below improve, you will be released from isolation.

Conditions:

- a. Your speech and action will most probably affect adversely to your progress or convalescence, such as a possible impairment of your relationship with other patients.
- b. Attempt to commit suicide or hurt yourself is imminently perceived.
- c. Violence against or serious nuisance to other patients or act resulting in damage to property is recognized, and there is no other preventive measures except for isolation.
- d. As restlessness, hyperactivity or explosiveness is conspicuous due to acute psychomotor excitement, it is extremely difficult to provide treatment or protection in the ordinary psychiatry ward.
- e. Separation is required to examine and give treatment to those patients who have physical complications.
- f. Others:

Name of doctor

Notice of Restriction on Going-out

As your current conditions require continued treatment, you are refrained from going out for some time.

When your conditions are mitigated and your doctor gives you permission, you will be allowed to go out freely.

Date:

Time:

Name of doctor:

Notice of Imposition of Restriction on Open Treatment

To:

Date:

1. As you are in either one or more of the conditions listed below, the open treatment currently provided to you is going to be restricted starting from <hour/time >.
2. When your conditions pertinent to those listed below improve, you will again receive an open treatment.

Conditions:

- a. Your speech and action will most probably affect adversely to your progress or convalescence, resulting in a possible impairment of your relationship with other patients, and so on.
- b. Attempt to commit suicide or hurt yourself is imminently perceived.
- c. Other conditions than those mentioned in the above a. and b indicate difficulties in continuing the open treatment.
- d. Others:

Name of doctor:

Information about Continued Hospitalization

To:

Date:

1. Under Paragraph 4, Article 22-4 of the Law concerning Mental Health and Welfare for the Mentally Disabled, we notify you that despite your request for discharge from the hospital, it is recognized necessary to continue your hospitalization as a result of diagnosis on you made by the designated doctor under the mental health policies.
2. While in hospital, you are not refrained from communicating with others outside the hospital through letters or postcards. Nevertheless, when foreign substance is seemingly enclosed in envelope addressed to you, you will be asked to open it in the presence of hospital staff. Depending on the nature of the enclosed substance, it may be kept by the hospital administrator.
3. While in hospital, you are not refrained from seeing or talking on phone with public officers in charge of protecting human rights, your lawyer as legal representative, or a lawyer who comes to see you to be appointed as your legal representative upon requests of you or your guardian. However, you may be refrained temporarily from seeing or talking on phone with others except the above mentioned people according to instructions that your doctor may issue depending on your conditions.
4. While in hospital, you may be limited in your movement when your treatment program inevitably requires so.
5. If you find anything unclear or unacceptable, please feel free to ask the hospital staff. If you still do not accept it, you or your guardian can request the governor of the prefecture in which your hospital is located to issue instructions to the hospital administration for discharge or improvement of treatment. If you would like to know more about these procedures, please ask the hospital staff or local governmental offices listed below for detailed information

< List >

6. Please concentrate on your recuperation according to the treatment plan that the hospital has made for you.

Name of the Hospital:

Administrator:

Designated doctor

Doctor in charge

Date:

To: Governor of Prefecture
 (or Mayor of the City Designated by Ordinance)

Applicant name
 Address

According to Article 38-4 of the Law concerning Mental Health and Welfare for the Mentally Disabled, I request a discharge/improvement in treatment for the patient named below.

Person in the mental hospital	Name Born Address
Applicant	1. Patient him/herself 2. His/her guardian 3. His/her attorney
Name of the hospital	
Date of the admission	
Type of hospitalization	1. Compulsory hospitalization 2. Medically protective hospitalization 3. Voluntary hospitalization 4. Others
What are requested and why they are requested	