**Form 21**

Notification of Involuntary Hospitalization for Persons with Threat of Bodily Harm to Themselves or Others

Mr./Ms. (name of person hospitalized under threat of bodily harm to themselves or others)

Date (mm/dd/yyyy): / /

Governor of

[Reason for hospitalization]

As a result of an examination by a designated mental health physician, you are found to be in a state of ☐(1) Hallucination and delusional state, ☐(2) Psychomotor arousal state, ☐(3) Stupor, ☐(4) Residual condition such as schizophrenia, ☐(5) Depressed state, ☐(6) Manic state, ☐(7) Delirium state, ☐(8) Drowsy state, ☐(9) Dementia state, ☐(10) Other ( )], and there is a risk of harming yourself or others. Therefore, you are found to be in need of hospitalization measures (involuntary hospitalization for persons with threat of bodily harm to themselves or others, or emergency involuntary hospitalization for persons with threat of bodily harm to themselves or others) pursuant to [☐(1) the provisions of Article 29 of the Act on Mental Health and Welfare of Persons with Mental Disabilities, ☐(2) the provisions of Article 29.2 of the Act on Mental Health and Welfare of Persons with Mental Disabilities].

[Your life during hospitalized care and protection]

1. While you are in the hospital, you can receive and send letters and postcards without any restrictions. However, if it is suspected that foreign matter is contained in any mail, we may ask you to open it in the presence of hospital staff, and the foreign matter may be placed in the custody of the hospital.

2. During your hospitalization, no restrictions are placed on telephone calls or meetings with employees of administrative agencies that defend human rights or lawyers representing you, as well as meetings with lawyers who will represent you at the request of you or your family, etc. However, telephone calls and meetings with other persons may be temporarily restricted by medical staff depending on your medical condition.

3. During your hospitalization, restrictions may be placed on your behavior when necessary for medical treatment.

4. Within 7 days from the date of admission, a post-discharge life counselor will be appointed as a staff member who will respond to inquiries from you and your family regarding the post-discharge living environment and provide necessary information, advice, and assistance as needed.

5. If you wish to use nursing care insurance or disability welfare services, or if you have the need to do so, please contact the hospital staff such as a post-discharge life counselor, as we will introduce you to some consultation regarding nursing care and disability welfare.

6. If you have any questions or concerns, please speak to hospital staff without reservation.

7. If you feel you have been mistreated by hospital staff during your hospitalization, you can report it below. Also, if you see another patient being mistreated by hospital staff, please report it below.

Contact information for reporting mistreatment to the local government (including phone number)

Continued on back.

[If you are not satisfied with your hospitalization or your time during your hospital life]

1. If you are not satisfied with your hospitalization or treatment, you or your family, etc. can petition the prefectural governor to give orders to discharge you or make improvements to your treatment. If you would like to learn more about this option, please speak to hospital staff or contact the following.

Contact information for the local government (including phone number)

2. If you are dissatisfied with this decision, you may file a request for review with the Minister of Health, Labor and Welfare within three months from the day following the day on which you became aware of this decision (even within three months from the day following the day on which the patient became aware of this decision, the patient will not be able to file a request for review after one year from the day following the day of this decision).

3. An action for the revocation of this decision may be filed against the prefecture (the prefectural governor shall represent the prefecture in the action) only within six months from the day following the day on which the patient received the notice of this decision (even if it is within six months from the day following the day on which the notice of this decision is received, an action for revocation of this decision may not be filed after one year from the day following the day of this decision). In addition, if a request for review is filed within three months from the day after receiving notification of this decision, the action for revocation of this decision may be filed within six months from the day following the date on which the decision regarding the request for review is served (please note that even if it is within six months from the day after receiving the decision on the request for review, if one year has passed from the day after the day of the decision on the request for review, it will no longer be possible to file an action for revocation of this decision.)