**Attachment 1**

**Announcement of Meeting of Discharge Support Board for Patients Hospitalized for Medical Care and Protection**

Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date (mm/dd/yyyy): / /

1. As the estimated length of your hospitalization will elapse on (mm/dd/yyyy) / / , in accordance with Article 33.6.2 of the Act on Mental 　Health and Welfare for the Mentally Disabled, the Discharge Support Board for Patients Hospitalized for Medical Care and Protection (hereinafter "the committee") will hold a meeting on (mm/dd/yyyy) / / at .

2. The committee will discuss;
(1) the necessity of continued hospitalization and the reason for that decision,
(2) if continued hospitalization is necessary, the estimated period of continued hospitalization and detailed efforts toward discharge during that period.

3. The meeting will be attended by the doctor in charge, nursing staff, your post-discharge life counselor, and others involved in your treatment, and your attendance is allowed as well. If you would like to attend, please tell your post-discharge life counselor. If you do not attend, you will be informed of the results of the committee’s discussion.

4. Additionally, you can also request the attendance of your family, your guardian or curator if one exists, a local aid provider with whom you are consulting about your post-discharge lifestyle or someone involved in your life in your local area such as staff from a clinic you visited before hospitalization. If you would like to request their attendance, please tell your post-discharge life counselor. However, please note that even if a request is made, attendance may not be possible due to scheduling convenience or other factors. In that event, those who could not attend will be informed of the results of the committee’s discussion.

5. If you have any questions, please ask your post-discharge life counselor.

Hospital Name:

Name of Administrator:

Name of Post-Discharge Life Counselor: