**Form 2
Notice Regarding Voluntary Hospitalization**

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

Date (mm/dd/yyyy): / /

1. Your admission is a voluntary hospitalization based on your consent in accordance with Article 20 of the Act on Mental Health and Welfare for the Mentally Disabled.

2. During your hospitalization, no restrictions are placed on sending or receiving mail such as letters or postcards. 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.

3. 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.

4. During your hospitalization, your treatment will be provided in an open environment (no restrictions on going in and out of the hospital except at nighttime) as a general rule. However, this may be restricted for reasons necessary for medical treatment.

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

6. Since your hospitalization is voluntary, you may be discharged by your personal request. However, your hospitalization may be continued if deemed necessary after examinations by a designated mental health physician or specified doctor. In that event, we will explain to you the measures being taken regarding the continuation of your hospitalization.

7. We will make our best efforts to assist you towards your recovery during your hospitalization. If you have any questions or concerns, please speak to hospital staff without reservation.

8. If you are still unsatisfied 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)

9. If you feel you have been mistreated by hospital staff during your hospitalization, you can repo

rt 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)

Hospital Name:

Name of Administrator:

Doctor in Charge: