**Form 3**

**Consent to Continuation of Voluntary Hospitalization**

Date (mm/dd/yyyy): / /

To Director of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hospital

Hospitalized Patient Name:

Date of Birth (mm/dd/yyyy): / /

Address:

I hereby state that I have read the Notice Regarding Voluntary Hospitalization (including notification of matters at the time of admission) and agree to be admitted to your hospital continuously in accordance with Article 21 Section 1 of the Act on Mental Health and Welfare for the Mentally Disabled.