**Form 4**

**Notice Regarding Continued Hospitalization**

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

 Date (mm/dd/yyyy): / /

[Discharge restrictions during voluntary hospitalization] Discharge restrictions on voluntary hospitalization are designed for when a request is made for discharge from the patient. This is a system where the patient is to remain hospitalized for a period of up to 72 hours for those who have been determined as needing to remain hospitalized for medical care and protection on the result(s) of an examination by a designated mental health physician or specified doctor.
Although you have requested discharge, as a result of your examination with a
 (☐ designated mental health physician / ☐ specified doctor), it has been determined that continued hospitalization was necessary for the following reasons and purposes. Therefore, you have been admitted to the hospital on ((mm/dd/yyyy): / / ) at ( : ☐AM, ☐PM).
 Your hospitalization is due to the restrictions on discharge during your voluntary hospitalization pursuant to the Act on Mental Health and Welfare of the Mentally Disabled Article 21 [☐(1) Section 3, ☐(2) Second part of Section 4].

[Reason(s) for hospitalization]1. As a result of your medical examination, you have been determined to have the following condition(s).

* (1) Hallucination and delusional state (during a hallucination or delusion, you have difficulty distinguishing them from reality)
* (2) Psychomotor arousal state (drive and will are excited, easily excited, or difficult to control by yourself)
* (3) Stupor (difficulty responding to the outside world due to strong inhibition of willpower and severe confusion)
* (4) Depressed state (continuing low moods, pessimistic thoughts, loss of interest and joy, etc.)
* (5) Manic state (continued high mood, increased activity, irritability, etc.)
* (6) Delirium/drowsy state (awareness level is decreased due to a consciousness disorder)
* (7) Dementia state (cognitive function has declined and is interfering with daily life in general)
* (8) Residual condition such as schizophrenia (there is difficulty in activities for daily living, social judgment, and performance of other functions due to a disability)
* (9) Other ( )

2. You have been hospitalized for the following reason(s):

* As it is not possible to provide sufficient treatment or care in an outpatient setting,

hospitalized care and protection is necessary in order to provide comprehensive medical care.

* Hospitalization is required for diagnosis and treatment while ensuring your safety.
* Other ( )

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[Your life during hospitalization]

1. 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.

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. During your hospitalization, we will review the necessity of your hospitalization regularly.

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

6. 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)

7. If 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)

Hospital Name:

Name of Administrator:

Name of Designated Physician/Specified Doctor:

Doctor in Charge: