			Matters contained in each record											
Relevant procedure	Preparing facility/institution	Name of record	17a Specified matters	17b Deprivation date, time, location an authority	17c d Authority that ordered deprivation and reason	17d Deprivation supervisory authority	17e Location of detention facility, date and time of detention, and authority responsible for facility	17f Health condition of deprived person	17g Cause of death/destination of deprived individual	17h Date and time of release/transfer, destination of transfer, authority responsible for transfer	Legal basis	Securement of updates	Securement of supervision	Remarks
Criminal procedure	Detention facility	Detainee Registry/Detainee Medical Examination	-Permanent domicile - Address - Occupation - Name - Gender - Date of birth	*Date and time of arrest *Name and affiliation of the arreste person	Affiliation and name of arrested person Mame of court issuing detention warrant Summary of facts of crime	*Approval column of detention service manager at time of detention and time of release, etc.	Date and time of detention (no mention of location of decention facility and authority with repositibility over the authority with repositibility over the authority detenting the details and clearly states the details and clearly state the location of detention facility and authority deferention ervice manager] with responsibility.)	Physical trauma - Illness - Pre-existing medical conditions - Pre-existing medical conditions - Date and time of medical exam - Type of medical exam - Symptoms - Results of medical treatment - Hospital - Physician	*Condition of death *Cause of death *Destination of remains	Date and time of release Date and time of transfer Destaination of transfer Destaination of transfer Destination of transfer	Anicle 5, Regulations Concerning Detention of Detailees	*Updated completely and promptly, including mention in records at time of physical problem health or death, etc.	· Inspection by NPA -Field inspections by prefectural police headquarters	For 17th, the location of arrest is specified on the arrest proceedings by the judicial for the control of the control of the control of the Control of the control of the control of the control of the control of the control of the control of the transfer specifies on the transfer directive and stored by the issuitation receiving the transfer
	Penal institution	Inmate Identification Record / Health Exam Registry / Record of Death	Pennanent domicile - Address - Occupation - Name - Gender - Date of birth	*Dute and time of admission *Court handing down finalized sentence	Court handing down finalized sentence Name of crime	Facility/institution name	Facility/institution name Date and time of admission	Records of health condition	Cause of death and date of death, etc.	Date and time of release	Form - Detaince Identification Record and Administrative Records Implementation of Directive on Protection, Health and Medical Treatmen of Penal Institution Inmates	Records recorded without delay when matters occur that must be recorded, and senior management of the facility institution regularly check records.	*On-the-spot inspections by regional correction beadquarters or correction bureau	
	Juvenile Training School / Juvenile Classification Home	Juvenile Registry / Health Exam Registry / Record of Death	Permanent domicile - Address - Occupation - Oscupation - Name - Gender - Date of birth	Date and time of admission Facility/institution name	Court determining punishment Reason for admission Name of incident	Facility/institution name	Facility/institution name Date and time of admission	Records of health condition	Cause of death and date of death, etc.	Reason for release Date and time of release	*Directive on Juvenile Registry and Detention Administrative Records *Implementation of Directive on Protection, Health and Medical Titeatmen of Juvenile Training School Immates *Implementation of Directive on Protection, Health and Medical Treatmen of Juvenile Classification Home Immates	Records recorded without delay when matters occur that must be recorded, and senior management of the facility/institution regularly check records	•On-the-spot inspections by regional correction headquariers or correction bureau	
	Women's Guidance Home	Women's Registry / Health Exam Registry	Permanent domicile Address Name Gender Date of birth	Date and time of admission Facility/institution name	*Court determining disposition *Reason for admission *Name of crime	Facility/institution name	*Dute and time of admission *Facility/institution name	Records of health condition	*Although no particular format is prescribed, in case of a immate's death, records will be prepared for cause of death and date and time of death, etc.	Date and time of release Reason for release	Guidelines on the Format and Handling of Women's Registry	Records recorded without delay when matters occur that must be recorded, and soin management of the facility/assituation regularly check records	Field inspections by jurisdiction or correction bureau	
Deportation procedure	Immigration Detention Center	Detainee Registry / Death Report	Name Gender Date of birth Nationality / region Occupation Characteristics	Date and time of arrest Date and time of detention	Execution officer Applicability/suitability	Facility/institution name	Date and time of arrest Date and time of detention	•Presence of disease	Cause of death Notification of date and time of death, etc., to relatives, etc.	Date and time of release Date and time of provisional discharge	*Article 4, Regulations on Treatment of Detainces *Article 42 (1) and (2), Regulations on Treatment of Detainces			
Hoophalasation associated with mental disorder	Medical institution, designated medical institution, etc.	Medical records	Name Gender Gender Address	Date and time ongoing hospitalization measures imposed for voluntary hospitalization Date and time of emergency hospitalization	Contains in formation related to determination of whether voluntary bospitalization or involuntary bospitalization must be continued: Contains information related to determination whether medical care and protection or emergency hospitalization is required and whether the condition is not suitable for voluntary bospitalization	Notifications in case of determination of involuntary hospitalization ex-, or continued hospitalization must clearly state the ability to reguest improved treatment from the prefectural governor and the contact information of the prefecture	Name and location of psychiatric hospital Date of hospitalization	Regular condition reports of involuntarily hospitalized person and person hospitalized for medical care and protection (history of symptoms or condition social history, thosy of present lithess, future treatment plan)		Date and time continued bospitalization of voluntarily hospitalized person received. Date and time emergency hospitalization rescinded.	Article 19-4-2, Mental Health and Welfare Act	Obligation of records without delay	-Inspections by the Minister of Milk.W or prefectural governor -Screening of Montal Health Commission	
		Notification of Symptom Resolution of Involuntarily Hospitalized Person (in case of involuntary hospitalization)	Name Gender Date of birth Address	Date of hospitalization	· Illness · Name of designated physician administering exam	Prefectural governor	Name and location of psychiatric hospital Date of hospitalization	Summary of history of symptoms or condition after hospitalization		Notification date Place of residence and address after leaving	Article 29-5, Mental Health and Welfare Act	Immediately after symptoms resolved		
		Notification of Hospitalization for Medical Care and Protection (in case of hospitalization for medical care and protection)	Name Gender Date of birth Address	Date of hospitalization	Illness Reason for determining condition for voluntary hospitalization Address, name, gender, date of birth and relationship with patient of family member consenting to the hospitalization	-Prefectural governor	Name and location of psychiatric hospital Date of hospitalization	Social history and history of present illness			*Article 33 (7), Mental Health and Welfare Act	Less than 10 days from imposing of measures		
		Notification of Leaving of Person Hospitalized for Medical Care and Protection (in case of hospitalization for medical care and protection)	Name Gender Date of birth Address	Date of hospitalization	• Illness	Prefectural governor	Name and location of psychiatric hospital	•Matters concerning treatment after leaving		Date of leaving Place of residence and address after release	*Article 33-2, Mental Health and Welfare Act	·Less than 10 days from leaving		
		Medical records (in case of by medical observation method)	Name Gender Date of brith Address Occupation Relationship with the insured		Contains information related to determination of whether hospitalization will be continued and medical treatment per law is required			Summary of history of symptoms or condition after hospitalization			*Article 88, Medical Care and Treatment Act	Obligation of records without delay		[MH.W comments] A court order is required for determining hospitalization, etc. and granting permission for lewing or confirmation of continued hospitalization (Article 42 and Article 51; Medical Theatment and Supervision 21.
		Notification of Selection of Designated Medical Institution for Hospitalization (in case of by medical observation method)	Name Gender Date of birth Address Age				Name and location of designated medical institution for hospitalization				Article 43 (3), Medical Care and Treatment Act	When hospitalization is determined		