	Preparing facility/institution	Name of record	Matters contained in each record								·			
Relevant procedure			17a Specified matters	17b Deprivation date, time, location and authority	17c 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 arrested person	Affiliation and name of arrested person Name 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 detention facility and authority with responsibility over the said detention facility, but the Detainee Registry is found at the facility detaining the detainee and clearly states the location of detention facility and authority (detention service manager] with responsibility.)	Treatment	-Condition of death -Cause of death -Destination of remains	Date and time of release Date and time of transfer Destination of returning home Destination of transfer	Article 5, Regulations Concerning Detention of Detainees	*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 17b, the location of arrest is specified on the arrest proceedings by the judicial authority and stored For 17h, the authority responsible for the transfer specifies on the transfer directive and stored by the institution receiving the transfer
	Penal institution	Inmate Identification Record / Health Exam Registry / Record of Death	Permanent domicile Address Occupation Name Gender Date of birth	*Date 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 - Detainee Identification Record and Administrative Records •Implementation of Directive on Protection Health and Medical Treatment of Penal Institution Inmates	Records recorded without delay	•On-the-spot inspections by regional correction headquarters or correction bureau	
	Juvenile Training School / Juvenile Assessment Center	Juvenile Registry / Health Exam Registry / Record of Death	Permanent domicile Address Occupation 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 Treatment of Juvenile Training School Inmates Implementation of Directive on Protection Health and Medical Treatment of Juvenile Classification Home Inmates	when matters occur that must be recorded, and senior management	On-the-spot inspections by regional correction headquarters or correction bureau	
Deportation procedure	Immigration Detention Facilities	Detainee Registry / Detainee Medical Examination / 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	*Records of health condition	Cause of death Notification of date and time of death, etc., to relatives, etc.	Date and time of release or transfer	Article 55-37,55-41,55-82, Immigration Control and Refugee Recognition Act Article 50-21,50-45,50-46, Immigration Control and Refugee Recognition Act Enforcement Regulations		On-the-spot inspections by auditor of inspection office	
Hospitalization associated with mental disorder	designated medical institution, etc.	Medical records	Name Gender Date of birth Address	Date and time ongoing hospitalization measures imposed for voluntary hospitalization Date and time of emergency hospitalization	Contains information related to determination of whether voluntary hospitalization or involuntary hospitalization 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 hospitalization Description regarding the determination of whether Continuation of Involuntary Hospitalization for Medical Care and Protection is needed.	Notifications in case of determination of involuntary hospitalization, etc., or continued hospitalization must clearly state the ability to request 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 (history of symptoms or condition, social history, history of present illness, future treatment plan)		Date and time continued hospitalization of voluntarily hospitalized person rescinded Date and time emergency hospitalization rescinded		Obligation of records without delay	Inspections by the Minister of MHLW or prefectural governor Screening of Mental 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	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 Involuntary Hospitalization for Medical Care and Protection (in case of involuntary hospitalization for medical care and protection)	Name Gender Datedrist 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 (9), Mental Health and Welfare Act	Less than 10 days from imposing of measures		
		Notification of Continuation of Involuntary Hospitalization for Medical Care and Protection (in case of involuntary hospitalization for medical care and protection)	Name Gender Date of birth Address	Date of hospitalization	*Illness *Address, name, gender, date of birth and relationship with patient of family member consenting to the continuation *In cases where consent from a family member deemed to have been obtained pursuant to the provisions of Article 33, Section 8 of the Act, a statement to that effect, etc. is required.	-Prefectural governor	Name and location of psychiatric hospital Date of hospitalization	Details of treatment and results since hospitalization or last continuation (summary of history of symptoms or condition related to the period of hospitalization before continuation)			*Article 33 (6), Mental Health and Welfare Act	*Less than 10 days from continuation		
		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 birth 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		[MHLW comments] A court order is required for determining hospitalization, etc. and granting permission for leaving or confirmation of continued
		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		hospitalization (Article 42 and Article 51, Medical Treatment and Supervision Act)