Information on Disclosure of Medical Records

Our hospital discloses medical records and other information in accordance with the "Guidelines for the Provision of Medical Information" established by the Ministry of Health, Labour and Welfare.

*A copy of medical records is available only in Japanese.

Disclosure Procedure

Application Form

Please fill in the "Application for Disclosure of Medical Records" and submit it along with the following documents.

- Application for Disclosure of Medical Records (Download)

Documents to Attach (by Applicant)

1) The patient
   - A copy of the patient's official photo identification

2) Family member or representative appointed by the patient
   - A copy of the patient's official photo identification
   - A letter of proxy signed by the patient
   - A copy of the applicant's official photo identification

3) Guardian of the patient (when the patient is a minor)
   Legal representative or voluntary guardian (if the patient has a legal representative or voluntary guardian)
   A person caring the patient (if the patient's decision-making ability is in doubt)
   - A copy of the patient's official photo identification
   - A copy of official documentation proving the relationship to the patient
   - A copy of the applicant's official photo identification

4) Spouse, child, parent (if the patient is deceased)
   - A copy of official documentation proving the relationship to the patient
   - A copy of the applicant's official photo identification

5) A person appointed by the person explained in the above 3) or 4)
   - A copy of the patient's official photo identification (except when the patient is deceased)
   - A copy of the official photo identification of the person explained in the above 3) or 4)
   - A copy of official documentation proving the relationship between the patient and the person explained in the above 3) or 4)
   - A letter of proxy signed by the person explained in the above 3) or 4)
   - A copy of the applicant's official photo identification

* We require the original letter of proxy; please send the original letter of proxy by postal mail, not by email, when you are applying from overseas.
* Examples of official photo identification: driver's license, My Number Card (front side), passport.
* Examples of official documents proving the relationship to the patient: Certificate of the Family Register.

Required Fees for the Disclosure (revised on April 1, 2025)

Items	Fees (including tax)	Remarks
Service Charge	5,500 yen per application	
Printed Document	30 yen for each A4 printed copy	No double-sided copies
Electronic Image Data	2,200 yen for each CD-R	Electronic image data on CDs
Postal charges	Actual costs	If you request postal delivery

Note: The fee depends on the number of pages and CD-Rs and can only be determined once the requested items are ready to be delivered.

Delivery

It takes about two weeks for us to prepare a copy of your medical records after receiving all the required application documents.

For those living in Japan: When the copy is ready to be collected, we will contact you by email or telephone. Please visit our hospital during weekdays (from 8:30 to 17:00). You can receive the copy of your medical records after paying the fee at the accounting desk. If you cannot visit us, we will mail you an invoice and our bank account information. Upon confirming your payment to our designated bank account, we will send the copy of your medical records by postal service.

For those living overseas, when the copy is ready, we will send the invoice and our bank account information by email asking for the wire transfer. After confirming your payment to our designated bank account, we will send the copy of your medical records by postal service.

Cases When Medical Records Cannot Be Disclosed

1) When there is a concern that disclosing the information could adversely affect the patient's treatment outcome
2) When disclosure is recognized to be against the interests of the patient or others
3) When it is deemed for disclosure to be inappropriate due to conditions other than the above.

Disclosable Medical Records

Article 24, Paragraph 2 of the Medical Practitioners' Act requires a five-year retention period for medical records. However, this hospital retains the following medical records for longer due to the introduction of electronic patient records and for the convenience of medical treatment.

Medical Record Type	Stored Medical Records
Electronic medical records	All (from March 5, 2012 onwards, permanent storage)
Outpatient paper records (excluding internal medicine, radiology, and neuropsychiatry)	Most recent 10 years
Outpatient paper records (internal medicine)	Most recent 20 years
Outpatient paper records (radiology)	From 1999 onwards (permanent)
Outpatient paper records (neuropsychiatry)	From 1992 onwards (permanent)
Inpatient paper medical records (excluding cardiovascular surgery)	Most recent 20 years
Inpatient paper medical records (cardiovascular surgery)	From 1994 onwards (permanent)

Other

1 All records except image data will be provided in paper form.
2 When applying for disclosure of medical data, please provide as accurate details as possible (regarding the record period, department names, etc.). If there is a discrepancy between the application content and this hospital's medical records, we will contact you for confirmation, so please include a phone number at which you can be contacted during the day.
3 Please note that if you do not collect the records within three months of being informed by phone or mailed invoice that they are available for collection, we will assume that you have cancelled the application.

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