

精神衛生法英文翻譯

	Chapter 1 General Principles
Article 1	This Act is specifically formulated to promote the mental health of the people, prevent and treat mental illnesses, protect the rights and interests of patients, and support and assist patients to live equally in the community.
Article 2	The competent authority referred to in this Act is the Ministry of Health and Welfare at the central level, and the special municipality or county (city) government at the local level (hereinafter referred to as the local competent authority).
Article 3	<p>The terms used in this Act are defined as follows:</p> <ol style="list-style-type: none"> 1. Mental illness: Refers to an illness that manifests abnormality in thinking, emotion, perception, cognition, behavior, and other mental states, resulting in functional impairment in adapting to life and requiring medical treatment and care. However, those with antisocial personality disorder are not included. 2. Specialist physician: Refers to a psychiatric specialist who has been qualified and certified by the central competent authority pursuant to the Physician Act. 3. Patient: Refers to a person suffering from a mental illness. 4. Severe patient: Refers to a patient who presents a mental state that is detached from reality, resulting in the inability to handle one's own affairs, as diagnosed and confirmed by a specialist physician. 5. Community Mental Health Rehabilitation: Refers to the rehabilitation and treatment of patients' functional abilities related to work ability, work attitudes, psychological reconstruction, social skills, ability to manage daily life, and other functions in the community, in order to assist patients in gradually adapting to social life. 6. Community treatment: Refers to the treatment of patients in the community, including home-based treatment, community mental health rehabilitation, outpatient treatment, and other forms of treatment, in order to prevent the deterioration of the patient's condition. 7. Community support: Refers to the use of community resources to provide patients with housing, placement, schooling, employment, maintenance care, access to medical care, social participation, independent living, and other support measures and assistance that patients need in community life. 8. Psychiatric institutions: Medical institutions that has a psychiatric department. 9. Mental health rehabilitation institutions: An institution that provides residential or day-based community mental health rehabilitation services. 10. Mental health care institution: Refers to a medical institution, nursing home, psychotherapy clinic, psychological counseling clinic, occupational therapy clinic, mental health rehabilitation institution, and social work agency that provides mental health care services to patients. <p>The scope of the mental illness in Subparagraph 1 of the preceding paragraph is as follows:</p> <ol style="list-style-type: none"> 1. Psychosis.

	<ol style="list-style-type: none"> 2. Neurosis. 3. Substance use disorder. 4. Other mental illnesses recognized by the central competent authority.
Article 4	<p>The central competent authority is in charge of the following matters:</p> <ol style="list-style-type: none"> 1. Planning, formulation and campaign of policies, laws and regulations, and protocols for promoting mental health; 2. Planning, formulation and campaign of policies, laws and regulations, and protocols for mental illness prevention, treatment and resource deployment; 3. Planning and promotion of patient economic security, social assistance, welfare services, long-term care, and community support services; 4. Planning, formulation and campaign of policies, laws and regulations, and protocols for the protection of patients' rights and interests; 5. Supervision and coordination on the performance of the local competent authorities in matters concerning patient's access to medical care and the protection of their rights and interests; 6. Awards and planning for the patient services provided by local competent authorities; 7. Planning for training of professionals related to patient services; 8. Planning and promotion of patient protection services; 9. Planning and promotion of patient family support services; 10. Collection, establishment, compilation, statistics and management of patient data; 11. Supervision and accreditation of various mental health care institutions; 12. Investigation, research and statistics of national mental health and mental illness; 13. Other planning and promotion related to people's mental health promotion and mental illness prevention and treatment, and patient services and the protection of patient rights and interests. <p>The central competent authority shall publish a national mental health report every four years, which includes the matters listed in the subparagraphs of the preceding paragraph.</p>
Article 5	<p>The local competent authority is in charge of the following matters within its jurisdiction:</p> <ol style="list-style-type: none"> 1. Planning, campaign, and implementation of protocols for promoting mental health; 2. Planning, campaign, and implementation of mental illness prevention, treatment, and resource deployment; 3. Implementation of patient economic security, social assistance, welfare services, long-term care and community support services; 4. Implementation of the policies, laws and regulations, and protocols formulated by the central government for mental health promotion, mental illness prevention and treatment, patient services, and patient rights and interests protection; 5. Planning, formulation, campaign, and implementation of policies, autonomous regulations, and protocols for the protection of patient rights and interests; 6. Planning and implementation of training for professionals related to patient services; 7. Implementation of patient protection services; 8. Execution of patient family support services;

	<p>9. Execution of mandatory hospitalization and treatment and mandatory community treatment for patients;</p> <p>10. Collection, establishment, compilation, statistics and management of patient data;</p> <p>11. Supervision and assessment of various types of mental health care institutions;</p> <p>12. Other planning and supervision related to mental health promotion, mental illness prevention and treatment, patient services and the protection of patient rights and interests .</p> <p>When local competent authorities handle the business referred to in the preceding paragraph, they shall integrate health, social administration, education, labor administration, police administration, fire-fighting services, and other related resources as needed.</p>
Article 6	<p>The central education authority shall plan, promote, and supervise school mental health promotion, mental illness prevention, treatment and related campaign, protection of students' right to education, equitable allocation of educational resources and facilities, and the establishment of a friendly and supportive learning environment.</p> <p>The education authorities at all levels shall plan and implement mental health promotion and mental illness prevention and treatment in schools at all levels. Such efforts should be tailored to the specific psychological needs of students, teachers and staff, and provide separately services including mental health promotion, consultation, psychological guidance and counseling, crisis management, referral to medical services, resource linkage, suicide prevention, substance abuse prevention and treatment, or other related mental health services. These initiatives should be reasonably and appropriately adjusted, without causing disproportionate or excessive burdens, in order to establish a supportive and friendly learning environment, and to ensure the right to education.</p> <p>The content of the mental health education curriculum for schools below senior high level shall be determined by the central education authority in consultation with the central competent authority.</p>
Article 7	<p>The central labor authority shall plan, promote and supervise workplace mental health promotion, mental illness prevention and treatment, protection of patient employment and labor rights and interests, and the establishment of a friendly and supportive work environment for the workplace.</p> <p>Competent labor authorities at all levels shall promote workplace mental health promotion and mental illness prevention and treatment, provide vocational rehabilitation, vocational training, employment services, and reasonable accommodation measures for patients with stable conditions to assist them in stabilizing employment, and reward or subsidize employers for providing employment opportunities.</p>
Article 8	<p>The interior authority shall plan, promote, and supervise the psychological guidance mechanisms for the policemen, firefighters, and substitute draft males, and separately provide mental health promotion, consultation, psychological guidance and counseling, crisis management, medical referrals, resource linkage, suicide prevention, substance abuse prevention and treatment, or other services related to mental health based on their mental health needs.</p>

	The authority in the preceding Paragraph shall, when necessary, assist in escorting for access to medical care the persons suspected to have the condition specified in Subparagraph 1 of Paragraph 1 of Article 3, and maintaining order in the execution of mandatory community treatment and the personal safety of on-site personnel.
Article 9	The justice authority shall plan, promote, and supervise the crime victims' mental health promotion, medical care access assistance and referral services, detaining environment improvement of the mentally ill detainees, reasonable accommodation of correctional measures, crisis management, suicide prevention, medical care access assistance, post-release transition services, and the transitional services and rehabilitation protection of persons subject to criminal custody.
Article 10	The national defense authority shall plan, promote, and supervise the mental health promotion and mental illness prevention and treatment of military personnel, and separately provide mental health promotion, consultation, psychological guidance and counseling, crisis management, medical referrals, resource linkage, suicide prevention, substance abuse prevention and treatment, or other services related to mental health based on their mental health needs.
Article 11	The financial authority may consider the nature of mental health care institutions and grant them appropriate tax exemptions or reductions in accordance with the law. The said authority referred to in the preceding paragraph may consider the severity of the patient's condition and the economic situation of their family and grant appropriate reduction or exemption of the due tax and fee in accordance with the law.
Article 12	The financial supervisory authority shall plan, promote, and supervise financial institutions to ensure the provision to patients of commercial insurance, property trust services, and equal rights and interests in financial services.
Article 13	The cultural authority shall guide, reward, and promote people's mental health promotion and patients' spiritual life enrichment, participation in art and cultural activities, and creation related to art and culture.
Article 14	The communication authority shall supervise radio, television, and other media under its jurisdiction in accordance with the law to avoid discrimination against patients.
Article 15	All agencies, schools, institutions, juridical persons and groups shall strengthen the advancement of activities that promote employees' mental health.
Article 16	With the head of the central competent authority as the convener, the authority shall invite mental health professionals, legal experts, patients, patient's families, and the representatives of patient rights and interests advocacy groups and target business competent authorities to conduct consultation meetings on the following matters: 1. Policies, systems and protocols for mental health promotion; 2. Policies, systems and protocols for mental illness prevention and treatment; 3. Resource planning for mental health promotion and mental illness prevention and treatment; 4. Research, development and international exchange for mental health promotion and mental illness prevention and treatment;

	<p>5. Special treatment modalities for mental illness;</p> <p>6. Integration, planning, coordination, and promotion of patient rights and interests protection;</p> <p>7. Planning and promotion of patient and family support services;</p> <p>8. Integration, supervision and coordination of government agencies' implementation of mental health services;</p> <p>9. Other matters related to the mental health promotion and mental illness prevention and treatment.</p> <p>At least one-third of the representatives shall be patients, patient's families, or representatives of patient rights and interests advocacy groups referred to in the preceding paragraph; and the number of members of a single gender shall not be less than two-fifths of the total number of members.</p>
<p>Article 17</p>	<p>With the head of the local competent authority as the convener, the authority shall invite mental health professionals, legal experts, patients, patient's families, the representatives of patient rights and interests advocacy groups and bureaus and departments to conduct consultation meetings on the following matters in its jurisdiction:</p> <ol style="list-style-type: none"> 1. Mental health promotion; 2. Mental illness prevention and treatment; 3. Research projects for mental health promotion and mental illness prevention and treatment; 4. Planning and network connections for mental health service resources and the establishment of mental health care institutions; 5. Complaint cases regarding patient rights and interests protection; 6. Promotion of patient and family support services; 7. Coordination, supervision, and integration of the implementations of mental health services by various bureaus and departments; 8. Other matters related to mental health promotion and mental illness prevention and treatment. <p>At least one-third of the representatives shall be patients, patient's families, or representatives of patient rights and interests advocacy groups referred to in the preceding paragraph; and the number of members of a single gender shall not be less than two-fifths of the total number of members.</p>
<p>Article 18</p>	<p>In order to handle the relevant matters stipulated in this Act, the central and local competent authorities shall appoint full-time personnel, and the various target business competent authorities shall assign dedicated personnel; the number of personnel shall be adjusted according to business increase or decrease.</p> <p>If the local competent authorities have difficulties in funding the business referred to in the preceding paragraph, the central government shall provide subsidies and the subsidized funds shall be utilized for this purpose.</p>
	<p>Chapter 2 Mental Health Service System</p>
<p>Article 19</p>	<p>According to the distribution of population, medical care resources and mental health resources and considering the unique characteristics of indigenous or remote areas, the central competent authority may divide the areas of responsibility, establish regional networks of</p>

	<p>mental health promotion, mental illness prevention and medical care services, along with the formulation and implementation of corresponding plans.</p> <p>According to the service demand of persons with psychosis and the conditions of community support resources distribution within its jurisdiction, the competent authority may actively establish community support resources for persons with psychosis.</p>
Article 20	<p>Based on the severity of their illness, whether they pose a danger of harm, patient needs, and other relevant factors, mental health care and support services for patients shall be provided and implemented by adopting the following approaches:</p> <ol style="list-style-type: none"> 1. Outpatient service; 2. Emergency service; 3. Full-day hospitalization; 4. Day care service; 5. Community mental health rehabilitation; 6. Home-based treatment; 7. Community support service; 8. Case management service; 9. Other forms of care and support service. <p>The forms and defining standards of home-based treatment referred to in Subparagraph 6 in the preceding Paragraph shall be established by the central competent authority.</p>
Article 21	<p>In accordance with actual needs, governments at all levels may establish or reward private sectors to establish mental health care institutions, in order to provide relevant care services to patients.</p> <p>As designated by the competent authority, the mental health care institutions referred to in the preceding Paragraph may provide treatment and life rehabilitation services for persons with substance use disorders. The regulation governing the designation forms, management and other matters to be complied with shall be established by the central competent authority.</p> <p>Medical personnel and social workers who handle mental health care affairs commissioned, rewarded, or subsidized by competent authorities at all levels in institutions, juridical persons, or organizations, may register for practice in accordance with their respective professional and technical personnel laws.</p> <p>Any person or entity that has not established a mental health care institution in accordance with the law, or has not been commissioned, subsidized, or managed by the governing bodies at all levels, shall not provide accommodation or treatment services to patients. However, the above restriction shall not apply to disability welfare institutions, elderly welfare institutions, and long-term care service institutions, if the purpose of their establishment involves the provision of mental health care services.</p>
Article 22	<p>A mental health rehabilitation institution shall designate one person as its responsible person and may employ medical personnel or social workers as needed.</p> <p>The medical personnel referred to in the preceding Paragraph shall register for practice in accordance with respective medical personnel laws and regulations; social workers shall register for practice in accordance with the Social Worker Act.</p>

	<p>Relevant personnel in mental health rehabilitation institutions shall create records when practicing duties. If the records are created and stored in electronic format, the personnel may be exempt from creating additional written forms.</p> <p>The central competent authority shall conduct accreditation of mental health rehabilitation institutions. The local competent authority shall periodically carry out supervision and assessments of the businesses of mental health rehabilitation institutions within its jurisdiction.</p> <p>Mental health rehabilitation institutions shall not evade, obstruct, or refuse accreditation, supervision, and assessments referred to in the preceding Paragraph.</p> <p>When necessary, the accreditations, supervision, and assessments referred to in the Paragraph 4 may be commissioned to relevant organizations or institutions.</p> <p>The establishment or expansion of mental rehabilitation institutions shall require an application for a permit from the local competent authority; the central competent authority shall establish a regulation governing the conditions and procedures of the permit application, the qualifications of the applicant and the responsible person, the review procedure and criteria, the restriction conditions, the revocation, the management, creation method and content of the practice records referred to in Paragraph 3, accreditation, supervision, assessments referred to in Paragraph 4, and other matters to be complied with.</p>
<p>Article 23</p>	<p>Community support services for patients shall be planned and carried out in accordance with the principle of diversified and continuous services.</p> <p>For constructing a sound community support mechanism to meet the needs of patients, local competent authorities shall provide full-day, day care, home-based, community-based, or other community support services through their own efforts, or by commissioning, subsidizing, or rewarding institutions, juridical persons, or organizations.</p> <p>Local competent authorities shall provide the families of patients with mental health education, emotional support, respite services, hotline services, and other supportive services.</p> <p>Where other laws contain the same or more favorable provisions on community support services for patients, those provisions shall take precedence.</p> <p>The contents and implementation methods of community support services shall be announced by the central competent authority.</p>
<p>Article 24</p>	<p>The central competent authority shall reward, subsidize institutions, juridical persons, or organizations to engage in services related to patient community support and rehabilitation.</p> <p>The regulation governing qualification conditions, service content, operation methods, management, rewards, subsidies and other related matters of the service institutions, juridical persons or organizations and their service personnel, shall be established by the central competent authority jointly with the central labor authority and the central education authority.</p>
<p>Article 25</p>	<p>If institutions that provide patient care services face opposition from residents in any form, local competent authorities shall assist them in removing the obstacles.</p>
<p>Article 26</p>	<p>Local competent authorities may conduct assessments of patient needs and provide services by themselves or commission relevant professional institutions, juridical persons, or</p>

	<p>organizations to do so. And, if necessary, they may refer patients to appropriate institutions, legal persons, or organizations for services. For patients reported in accordance with the stipulation of Paragraph 3 of Article 45, community treatment and support services shall be provided.</p> <p>To strengthen the functions of care and support for patients, local competent authorities shall establish a community support system by combining with health, social affairs, civil affairs, education, or labor agencies, and hold regular liaison meetings.</p>
Article 27	<p>Local competent authorities shall establish a patient solicitude mechanism for patients who are reported or notified to the authorities by the medical institutions under their jurisdiction, and provide assertive community solicitude, visits, and other services.</p> <p>If patients referred to in the preceding Paragraph are missing, their families or protectors shall be notified. If necessary, local competent authorities may request assistance from relevant agencies in searching for the missing patients.</p> <p>The scope of patients covered, the methods of service provision, the criteria for solicitude and visits, search assistance and other related matters specified in the preceding two Paragraphs shall be determined by the central competent authority.</p>
Article 28	<p>Local competent authorities shall, based on the population size and mental health needs and resources in their jurisdiction, have the community mental health center handle patient case management, mental health promotion, education and training, counseling, referral services, resource development, network connections, suicide prevention, mental illness prevention and treatment, post-disaster mental reconstruction, and other mental health services.</p> <p>Patient case management at community mental health centers, as mentioned in the preceding Paragraph, includes both discharged patients with psychosis as per Article 33, Paragraph 3, and patients with psychosis who have received treatment at designated psychiatric institutions as per Article 48, Paragraph 3.</p> <p>Community mental health centers referred to in Paragraph 1 shall have staff such as psychologists, nurses, occupational therapists, social workers, and other related professionals. The regulation governing the content of services provided, as well as the composition of personnel, training and certification methods, and other relevant matters shall be established by the central competent authority.</p>
	Chapter 3 Patient Protection and Safeguarding of Their Rights and Interests
Article 29	<p>The following actions towards patients are prohibited:</p> <ol style="list-style-type: none"> 1. Abandonment; 2. Physical and mental abuse; 3. Leaving patients incapable of caring for their own living in an environment prone to danger and harm; 4. Forcing or deceiving patients to get married; 5. Other actions of crime or misconduct towards or by exploiting patients.
Article 30	<p>During treatment or hospitalization of patients, psychiatric institutions shall inform patients and their families or their protectors about patients' illness conditions, treatment policies, prognosis aspects, reasons for hospitalization, entitled rights and other related matters.</p>

	In the case where the patient referred to in the preceding Paragraph is not a severe patient, their family members may be informed only after obtaining the patient's consent.
Article 31	If mental health care institutions need to restrict the residence or movement of patients with the patients' consent for medical, rehabilitation or safety reasons and have obtained the patient's consent, they shall comply with relevant legal regulations and do so within the necessary range of minimal restrictions.
Article 32	<p>In order to meet the medical needs of patients or to prevent emergency incidents of violence, suicide, or self-harm, medical institutions may physically restrain patients or restrict their movement freedom within specific protective facilities after informing patients, and shall assess the patients periodically, and such restraint and restriction shall not exceed the necessary duration of time.</p> <p>In order to prevent emergency incidents of violence, suicide, or self-harm, mental health care institutions and emergency medical rescue personnel other than medical institutions may physically restrain patients after informing patients, and immediately escorted them for access to medical treatment.</p> <p>The regulation governing physical restraint or restriction of movement freedom referred to in the previous two Paragraphs shall not be performed by using criminal restraint instruments or other unjustified means; its specific procedures, types of restraint equipment, duration of restraint, and the matters to be complied with shall be established by the central competent authority.</p> <p>In cases that it is not possible to inform the patient as stipulated in Paragraphs one and two due to emergency or special circumstances, the patient shall be informed afterwards.</p>
Article 33	<p>When the condition of an inpatient in a psychiatric institution has stabilized or recovered to the extent that there is no need for further hospitalization, the institution shall assist the patient in handling discharge procedures and notify their family or protectors. The patient shall not be detained without justifiable reasons.</p> <p>Before a patient is discharged from a psychiatric institution, the institution shall assist the patient in jointly formulating a plan of discharge preparation and provide relevant assistance.</p> <p>In the case of severe patients, the institution shall notify the local health authority to send staff to participate in the plan formulation, and consult with the protectors.</p> <p>For patients diagnosed with psychosis, psychiatric institutions shall notify the local competent authorities of their household registration or place of domicile (habitual residence) before discharge for the authorities to provide case management services. Within three days after discharge, the institution shall inform the local competent authorities of the plan's contents to provide community treatment, community support and referral or linkage to various services.</p> <p>For patients who do not fall under the provisions in the preceding Paragraph but have a service need, psychiatric institutions may apply the provisions mutatis mutandis after the patients' consent.</p>
Article 34	For those who are diagnosed as severe patients by a specialist physician, a protector shall be designated, and the specialist physician shall issue a medical certificate to the protector. The

	<p>protector shall safeguard the rights and interests of the severe patient, taking into account their will and best interests.</p> <p>The protector referred to in the preceding Paragraph shall be the patient's legal representative, guardian, or assistant after soliciting the opinion of the severe patient. If none of the aforementioned individuals are available, the protector shall be nominated through mutual recommendation among the patient's spouse, parents, family members, or individuals who have a special and close relationship with the patient.</p> <p>If a severe patient does not have a protector, the competent local authority of the patient's registered household shall separately select an appropriate individual, institution, juridical person, or organization to serve as the protector. If the registered household is unknown, the protector shall be selected by the competent local authority of the patient's place of domicile (habitual residence) or current location.</p> <p>The regulation governing the notification procedures of protectors, compilation of their list, training courses, support services, and other related matters shall be established by the central competent authority</p>
<p>Article 35</p>	<p>In the medical certificate referred to in Paragraph 1 of the preceding Article, the valid period of one to three years shall be recorded.</p> <p>Before the expiration of the period referred to in the preceding Paragraph, if the severe patients or their protectors believe that their condition has stabilized and a specialist physician has diagnosed and recognized that they are no longer severe patients, the institution where the diagnosing physician practices shall immediately notify the protector and report to the local competent authority.</p> <p>Before the expiration of the medical certificate for severe patients, the protector shall assist the patient in obtaining a diagnosis from a specialist physician to confirm their status as severe patients. If the diagnosis is not confirmed upon expiration, the diagnosis certificate shall no longer be valid.</p>
<p>Article 36</p>	<p>If the condition of a severe patient is critical and there is an immediate danger to their life or body unless immediately given protection or access to medical treatment, the protector or family members shall take immediate emergency measures. If emergency measures cannot be taken immediately, the local competent authority may take emergency measures on their own or commission an institution, juridical person, or organization to do so.</p> <p>The costs of the emergency measures referred to in the preceding paragraph shall be borne by the severe patient, spouse, first-degree blood relatives, or those who have a contractual obligation to provide care. If necessary, the local competent authority may make an advance payment.</p> <p>After making the payment referred in the preceding Paragraph, the local competent authorities may issue a written administrative sanction to notify the party responsible for bearing the costs to return the amount within 60 days, along with copies of the expense documents, calculation sheets and the application procedure through which the cost may be reduced or waived; if the party fails to return the amount within the time limits, the local competent authority may take administrative enforcement actions in accordance with the law.</p>

	<p>In cases that a patient is in critical condition, and there is an immediate danger or likelihood of danger to their life or body unless immediate protection or access to medical care is provided, provisions of the preceding three Paragraphs shall apply mutatis mutandis.</p> <p>The regulation governing the methods, procedures, expenses bearing, conditions that expenses may be reduced or waived, and other relevant matters of the emergency measures referred to in the four preceding Paragraphs, shall be established by the central competent authority.</p> <p>In cases where the expenses may be reduced or waived, when necessary, the review mechanism under Article 41, Paragraph 5 of the Elderly Welfare Act may be applied mutatis mutandis.</p>
Article 37	<p>The personality rights and legitimate rights and interests of patients shall be respected and protected, and discrimination shall be prohibited. With respect to their rights and interests of medical treatment, schooling, examinations, employment, and community living, they shall not be subject to unfair treatment on the grounds of their having a mental illness.</p>
Article 38	<p>Promotional materials, publications, broadcasts, television, the Internet, or other media reports shall not use discriminatory terms or descriptions related to mental illness; moreover, they shall not report information inconsistent with the facts or mislead the audience with information that may result in discrimination against patients, protectors, family members, and personnel, institutions, juridical persons, or organizations that serve patients.</p> <p>When a patient or a person suspected to have the condition specified in Subparagraph 1 of Paragraph 1 of Article 3, is involved in a legal event, and the cause of the legal event is not determined by a court to be attributed to their status of illness or disability, no promotional materials, publications, broadcasts, television, the Internet, or other media, agencies, institutions, juridical persons, and organizations may not attribute the cause of the legal event to the person's state of illness or disability.</p> <p>If broadcasting or television industries violate the provisions of the first paragraph, the central competent authority shall convene a meeting of the competent authorities of each purpose, experts and scholars, non-governmental organizations, and media representatives to review the facts.</p> <p>No one is allowed to make public statements that discriminate against patients or make improper insinuations about others having a mental illness</p>
Article 39	<p>Without consent by a patient, audio recording, video recording or filming of the patient is prohibited, and the name or domicile (habitual residence) of the patient may not be reported either. In the case of a severe patient, the consent of their guardian must be obtained.</p> <p>Within the necessary scope to ensure patient safety, mental health care institutions may install monitoring devices without being limited by the provisions of the preceding Paragraph, but the patients shall be informed. For severe patients, their protectors or family members shall also be informed.</p>
Article 40	<p>Hospitalized patients shall enjoy the right to personal privacy, free communication, and visitation; psychiatric institutions may not restrict these rights except for the patients' illness conditions or medical needs.</p>

	When mental health care institutions arrange for patients to provide services for meeting care and training needs, the institutions shall give appropriate rewards to the patients.
Article 41	<p>The expenses for emergency placement and mandatory hospitalization and treatment received by severe patients in accordance with relevant provisions of this Act shall be borne by the central competent authority.</p> <p>The expenses for mandatory community treatment received by severe patients according to relevant provisions of this Act, which are not covered by the National Health Insurance, shall be borne by the central competent authority.</p> <p>The standards of the expenses referred in the preceding two Paragraphs shall be established by the central competent authority.</p>
Article 42	<p>If there are sufficient factual evidence for recognizing that mental health care institutions, other institutions or organizations and their staff that implement community treatment or community support have violated patient's rights or there is a risk of such infringement, the patients or their protectors, persons specified in Article 34, Paragraph 2, relevant caregivers, registered patient rights and interests advocacy groups may lodge a complaint in writing to the local competent authority of where the institutions or organizations are located.</p> <p>The local competent authority shall investigate and deal with the contents of the lodged complaint referred to in the preceding Paragraph and notify the complainant of the results of the handling.</p>
Article 43	<p>In cases of urgent need incurred by patients' illness and as deemed necessary by a specialist physician, after obtaining consent in accordance with the provisions of Article 44, psychiatric institutions may administer the following treatment modalities:</p> <ol style="list-style-type: none"> 1. Electroconvulsive therapy; 2. Other special treatments modalities announced by the central competent authority.
Article 44	<p>Before implementing the treatment modalities referred to in the preceding Article, the psychiatric institution shall exercise due care in good faith and along with explanation obtain written consent in accordance with the following provisions:</p> <ol style="list-style-type: none"> 1. For adult patients, their own consent shall be obtained. However, those subject to guardianship or assistantship declarations shall be provided with information in a way that they can understand, and the consent of their guardians or assistants shall be obtained. 2. If the patients are minors below the age of seven, the consent by their proxy as designated by law is required. 3. For patients who are minors between seven and fourteen years old, the consent of both the patients and their proxy as designated by law is required. 4. If the patients are minors over the age of fourteen, the consent of the patients shall be obtained. However, if the persons themselves are incompetent, the consent of their proxy as designated by law is required. <p>If patients are unable to exercise their right of consent as stipulated in the preceding Paragraph, the situation shall be handled in accordance with the stipulations of the Medical Care Act, the Patient Right to Autonomy Act, and other relevant laws.</p> <p>When legal guardians or assistants are providing consent pursuant to the proviso of Paragraph</p>

	<p>1, Subparagraph 1, they shall respect the wills of the person under guardianship or assistance. When the proxy as designated by law makes a consent pursuant to Paragraph 1, Subparagraphs 2 to 4, the best interests of children and juveniles shall be given priority, and their opinions shall be weighed based on their level of mental maturity.</p>
	<p>Chapter 4 Assistance in access to medical care, reporting, and follow-up solicitude</p>
Article 45	<p>Protectors or family members of patients or persons suspected to have the condition specified in Subparagraph 1 of Paragraph 1 of Article 3, shall assist them to get access to medical care or consult with the community mental health center.</p> <p>When the local competent authority becomes aware of the persons referred to in the preceding Paragraph or their freedom is unduly restricted, it shall proactively assist them.</p> <p>Medical institutions shall report to the local competent authorities the data of those who are diagnosed by specialist physicians to be severe patients.</p> <p>The regulation governing the methods and contents of report, the information construction of reported cases, disposition, follow-up solicitude and other matters to be complied with as referred to in the preceding Paragraph shall be established by the central competent authority.</p>
Article 46	<p>If correctional authorities, rehabilitation disposition facilities, and other institutions or facilities intended for detention and reformation have a patient or a person suspected to have the condition specified in Subparagraph 1 of Paragraph 1 of Article 3, the said authorities, institutions or facilities shall provide medical care, or escort and assist them to seek medical care, and if necessary, carry out the measures in a compulsory way.</p> <p>In cases that there are persons specified in the preceding Paragraph staying in the social welfare institutions and other institutions or facilities that shelter or place people for long-term living and residence, the institutions or facilities shall assist them to access to medical care.</p>
Article 47	<p>Upon the discharge of the patients who have records of receiving mental illness treatment and are diagnosed by a specialist physician as needing continuous treatment, the authorities, institutions or facilities referred to in the preceding Article shall refer or transfer the patients to the local competent authorities of where they reside (live) for providing them with community treatment and community support services.</p> <p>The regulation governing the methods, contents, the information construction of cases, disposition, follow-up solicitude and other matters to be complied with as referred to in the preceding Paragraph shall be established by the central competent authority.</p>
Article 48	<p>When discovering individuals who are suspected to have the condition specified in Subparagraph 1 of Paragraph 1 of Article 3 during the course of performing their duties, medical personnel, social workers, educational personnel, police officers, firefighters, judicial personnel, immigration administration personnel, household registration personnel, village (neighborhood) officers, and other personnel who carry out community support services may notify the local competent authority to provide assistance in medical care, solicitude, or community support services.</p> <p>When the police or firefighting agencies are performing their duties, if they find that a person suspected to have the condition specified in Subparagraph 1 of Paragraph 1 of Article 3, is in danger of harming others or themselves, and that danger to their life or body will not be</p>

	<p>rescued, or danger to others' life or body will not be prevented unless the person is restrained, the departments shall notify the local competent authority to ascertain and respond immediately whether the person is a patient with psychosis as stipulated in Article 3, Paragraph 2, Subparagraph 1. If it is ascertained that the person is a patient with psychosis, the departments shall promptly escort the person to the nearest appropriate medical institution to receive medical care. If the person's identity cannot be ascertained or their status as a patient with psychosis cannot be confirmed, the local competent authority shall dispatch personnel to the scene to handle the situation jointly, and if it is not possible to arrive on-site or arrive in time, the local competent authority shall use technology equipment with mutual voice or image transmission functions to handle the situation. If the competent authority deems it necessary for the person to receive medical treatment, except as otherwise stipulated by law, they shall promptly escort the person to the nearest appropriate medical institution for treatment.</p> <p>If a person is diagnosed as a patient after being escorted to receive medical care in accordance with the stipulation in the preceding Paragraph and handled appropriately by the medical institution, the person shall be transferred to a psychiatric institution designated by the local competent authority (hereinafter referred to as designated psychiatric institution) for continued treatment.</p> <p>Regarding the designated psychiatric institution referred to in the preceding Paragraph, the regulation governing the method of designation, qualification condition, management, scope of designated business, specialist physician designation, subsidies for safety maintenance expenses, and other matters to be complied with shall be established by the central competent authority.</p> <p>To ensure the safety of the escorted persons, while performing duties, the personnel escorting them to receive medical care may inspect their bodies and belongings and may use appropriate restraint devices if necessary.</p>
Article 49	<p>The local competent authority shall integrate its subordinate health, police, firefighting, and other relevant departments, and establish a 24-hour emergency psychiatric disposition mechanism within its jurisdiction to deal with the matters specified in the preceding Article. The regulation governing the disposition mechanism, personnel, procedure, entrustment and other matters specified in the preceding Paragraph shall be prescribed by the central competent authority.</p>
Article 50	<p>When the prosecutor's office handles homicide or injury cases and identifies that the defendant or suspect is suspected to have the condition specified in Subparagraph 1 of Paragraph 1 of Article 3, they shall process the case in accordance with the relevant regulations and, additionally, assist the individual in obtaining medical care when necessary.</p>
Article 51	<p>In order to facilitate the provision of emergency measures to protect people's lives and safety, as the health, police, and firefighting departments of governments at all levels set up designated hotlines for external services, they may request the telecommunication enterprises' cooperation to provide various information of caller ID, whereabouts, or the location detected by telecommunication network positioning. However, this shall be limited to what can be</p>

	<p>provided given the performance of the telecommunication enterprises' telecommunication networks.</p> <p>If the departments referred to in the preceding Paragraph receive calls indicating that there is a risk of harm to oneself or others, they may contact telecommunication enterprises to provide the caller's user information needed for rescue operations, and the telecommunication enterprises shall not refuse such requests.</p> <p>The term "user information" mentioned in the preceding Paragraph refers to the telecommunication user's name or title, identification document number, address, and information related to the telecommunications number, and such information shall be limited to what is stored by the telecommunication enterprises.</p> <p>The personnel who handle the matters specified in the preceding three Paragraphs shall keep confidential the process procedure and the contents of the information they know, and shall not disclose them.</p>
Article 52	<p>When a patient leaves a mental health care institution without permission, the institution shall immediately notify his or her family or protector. If the patient's whereabouts are unknown, the institution shall immediately notify the local competent authority and the police department to actively assist in searching for them.</p> <p>If the police department finds the patient who has left the institution without permission as specified in the preceding Paragraph, it shall notify the original institution to bring the patient back and, if necessary, assist in sending them back.</p>
	Chapter 5 Mandatory Community Treatment and Mandatory hospitalization and Treatment
Article 53	<p>The matters related to mandatory community treatment for mental illness shall be reviewed by the Central Competent Authority's Review Committee of Mandatory Community Treatment for Mental Illness (hereinafter referred to as the Review Committee).</p> <p>Members of the Review Committee referred to in the preceding Paragraph include specialist physicians, registered nurses, occupational therapists, psychologists, social workers, representatives of patient rights and interests advocacy groups, legal experts, and other relevant professionals.</p> <p>While convening a review meeting, the Review Committee may notify the involved parties or interested parties of the review case to attend for presenting explanations, or actively dispatch personnel to visit and investigate the involved parties or interested parties.</p> <p>The Review Committee shall assist designated psychiatric institutions in submitting to the court a petition for mandatory hospitalization or extended mandatory hospitalization of severe patients, and assist the court in arranging administrative matters for review.</p> <p>The regulation governing the composition of the Review Committee, its review procedures, and other matters to be complied with shall be established by the central competent authority.</p>
Article 54	<p>If a protector, personnel of a community mental health center, or a specialist physician finds that a severe patient is not following medical advice, which leads to unstable illness condition or the risk of functional decline, and the specialist physician diagnoses that it is necessary for the severe patient to receive community treatment, the local competent authority of where the severe patient's domicile or habitual residence is and the community mental health center</p>

	<p>shall cooperate with the protector to jointly assist the severe patient to receive community treatment.</p> <p>If the severe patients specified in the preceding Paragraph refuse to receive community treatment, and a specialist physician designated by the local competent authority determines that community treatment is still necessary, but the severe patients refuse or are unable to express a decision, the designated psychiatric institutions shall immediately fill out the mandatory community treatment basic information and reporting sheets, and attach the opinions of the severe patients and their protectors, as well as relevant diagnosis certificate documents, and apply to the Review Committee for its permission for mandatory community treatment. The decision of whether mandatory community treatment is approved shall be served to the severe patients and their protectors.</p> <p>The duration of mandatory community treatment shall not exceed six months.</p> <p>The applications referred to in Paragraph 2 may be filed by means of electronic transmissions, fax facsimile, or other technology equipment.</p>
Article 55	<p>If a specialist physician designated by the local competent authority diagnoses that an extension of the period specified in the preceding Article Paragraph 3 is necessary, the designated psychiatric institution shall apply to the Review Committee for an extension of mandatory community treatment no later than 30 days before the expiration of the period.</p> <p>The duration of the extension of mandatory community treatment referred to in the preceding Paragraph shall not exceed one year.</p>
Article 56	<p>If a severe patient meets any of the following conditions during mandatory community treatment, the institution or organization implementing mandatory community treatment shall immediately cease the mandatory community treatment and notify the local competent authority:</p> <ol style="list-style-type: none"> 1. The illness condition has improved to the extent that continuing mandatory community treatment is not necessary; 2. Except for the circumstances stipulated in Article 73 that mandatory community treatment may continue, the prescribed period of compulsory community treatment expires. 3. If the court finds the petition or appeal to cease mandatory community treatment is valid. <p>If mandatory community treatment was ordered by a court ruling pursuant to Article 71 Paragraph 1, and the situation specified in Subparagraph 1 of the preceding paragraph arises, the ruling shall be deemed revoked and the execution thereof shall be ceased.</p>
Article 57	<p>The items of mandatory community treatment are as follows, and several items may be combined:</p> <ol style="list-style-type: none"> 1. Pharmaceutical therapy; 2. Testing of pharmaceutical concentrations in blood or urine; 3. Screening for alcohol or other addictive substances; 4. Psychotherapy; 5. Rehabilitation treatment; 6. Other measures that can prevent a deterioration of the patient's illness condition or improve their ability to adapt to daily life.

	<p>When the local competent authority implements the treatment referred to in the preceding Paragraph, it may, if necessary, seek the assistance of the police or fire department to execute the following matters:</p> <ol style="list-style-type: none"> 1. Police department: Assist in the mandatory community treatment of severe patients, maintain order at the scene, and ensure the personal safety of personnel involved; 2. Fire department: Transport severe patients to the institution or organization designated to implement the mandatory community treatment to receive treatment. <p>During the period of mandatory community treatment, if a severe patient fails to receive treatment regularly as instructed by the central competent authority, when necessary, the local competent authority may seek assistance from the police or fire department in accordance with the stipulations specified in the preceding Paragraph.</p> <p>For the patients specified in the preceding Paragraph, the designated psychiatric institution may initiate emergency placement in accordance with Article 59, Paragraphs 2 to 4, and evaluate whether to apply for mandatory hospitalization.</p> <p>The provisions of Article 60, Paragraphs 2, Subparagraphs 2 and 3 shall not apply during the emergency placement referred to in the preceding Paragraph.</p>
<p>Article 58</p>	<p>The institution or organization implementing mandatory community treatment may, as necessary, collaborate with other mental health-related institutions or organizations to carry out the business of mandatory community treatment.</p> <p>The regulation governing the qualifications, management and other matters to be complied with by the institutions or organizations responsible for mandatory community treatment, as referred to in the preceding paragraph, shall be established by the central competent authority.</p>
<p>Article 59</p>	<p>Regarding severe patients harming others or themselves or having the danger of harm, who have been diagnosed by specialist physicians to have the necessity of full-day admission, their protectors shall assist the severe patients to go to psychiatric institutions for arranging hospitalization.</p> <p>When the severe patients referred to in the preceding Paragraph refuse to accept full-day hospitalization, the local competent authorities may designate psychiatric institutions to enforce emergency placement and assign them to at least two specialist physicians designated by the local competent authorities for mandatory examination. However, in offshore islands or remote areas, the mandatory examination may be conducted by only one specialist physician.</p> <p>If the mandatory examination specified in the preceding Paragraph meets the criteria for emergency or special circumstances announced by the central competent authority, it may be conducted through equipment with mutual sound and image transmission functions.</p> <p>When there is still necessity of full-day hospitalization according to the result of the mandatory examination referred to in the preceding Paragraph, and when asked for their opinions the severe patients still refuse to accept hospitalization or are unable to express their decisions, the designated psychiatric institutions shall immediately fill out the mandatory hospitalization basic information and reporting sheets, attach documents of the opinions of the severe patients and their protectors and other relevant diagnosis certificate documents, and petition to the court for its ruling on mandatory hospitalization.</p>

<p>Article 60</p>	<p>The period for emergency placement specified in Paragraph 2 of the preceding Article shall be seven days, during which the protection of the rights and interests of the severe patients shall be ensured and necessary treatment shall be provided. The mandatory examination shall be completed within three days from the date following the emergency placement.</p> <p>If any of the following situations arises, the designated psychiatric institution shall immediately cease emergency placement and notify the local competent authority:</p> <ol style="list-style-type: none"> 1. After mandatory examination, it was determined that mandatory hospitalization is not necessary; 2. There is no need for further emergency placement because the severe patient agrees to receive full-day hospitalization treatment or his or her illness condition improves; 3. The court rejected the petition for mandatory hospitalization; 4. The court recognized that the petition or appeal to cease emergency placement is valid. <p>If the situation described in Subparagraph 2 of the preceding Paragraph arises and the designated psychiatric institution has already filed a petition for the court's ruling on mandatory hospitalization, it shall immediately notify the court that has jurisdiction, and the notification shall be deemed as a withdrawal of the petition for mandatory hospitalization.</p> <p>The regulation governing the procedures, documents that shall be prepared, and other matters to be complied with for emergency placement shall be established by the central competent authority.</p>
<p>Article 61</p>	<p>In cases that severe patients who were petitioned by a designated psychiatric institution to the court for its ruling on mandatory hospitalization and then consented to receive hospitalization treatment during the petition period requested for discharge, if the designated psychiatric institutions assessed that the patients still have the status stipulated in Article 59, Paragraph 1 and there is necessity that they continued to receive hospitalization treatment, which they refused, the designated psychiatric institutions shall restart the petition procedure for mandatory hospitalization and will no longer accept the patients' conversion to the status of consented hospitalization.</p>
<p>Article 62</p>	<p>During the period of emergency placement, if a severe patient has no appointed lawyer as a legal agent, the designated psychiatric institution shall report to the central competent authority to provide necessary legal aid.</p> <p>The central competent authority may entrust the Legal Aid Foundation or other private organizations to handle the report reception and aid services specified in the preceding Paragraph.</p>
<p>Article 63</p>	<p>The court shall not impose a mandatory hospitalization period exceeding sixty days for each ruling.</p> <p>If no less than two specialist physicians designated by the local competent authority examine the severe patients and confirm that it is necessary to extend the period of mandatory hospitalization for the severe patients, the designated psychiatric institutions shall petition to the court for a ruling on the extension of the mandatory hospitalization period no later than fourteen days before the expiration of mandatory hospitalization.</p>

	The number of petition for court ruling referred to in the preceding Paragraph shall be limited to one time, and the extended period of mandatory hospitalization shall not exceed sixty days.
Article 64	<p>If there is any following condition during the period of mandatory hospitalization of a severe patient, the designated psychiatric institution handling the mandatory hospitalization shall immediately cease the mandatory hospitalization and notify the original court of the ruling and the local competent authority:</p> <ol style="list-style-type: none"> 1. The illness condition has improved and there is no necessity for continued mandatory hospitalization; 2. Except for the situations stipulated in Article 73 where the mandatory hospitalization may continue, the prescribed period the mandatory hospitalization expires; 3. The court finds that the petition to cease mandatory hospitalization is valid; 4. The appeal court revokes the ruling for mandatory hospitalization or finds that the reason for ceasing mandatory hospitalization is valid. <p>When a severe patient falls under the circumstances in Subparagraph 1 of the preceding Paragraph, the court's ruling for mandatory hospitalization is deemed revoked and shall cease to be executed.</p>
Article 65	Emergency placement and the petitions for mandatory hospitalization and extension of mandatory hospitalization shall be handled by the designated psychiatric institutions commissioned by the local competent authorities.
Article 66	<p>During the period of emergency placement, mandatory hospitalization, or mandatory community treatment, the severe patients or their protectors may petition to the court for a ruling to cease the emergency placement, mandatory hospitalization, or mandatory community treatment.</p> <p>When the petition and appeal of the affairs referred to in the preceding Paragraph are filed by the severe patients or their protectors, they shall be exempt from court cost and the provisions of Article 77-23, Paragraph 4 of the Code of Civil Procedure shall apply mutatis mutandis.</p> <p>Public interests organizations related to patient rights and interests advocacy, which are recognized by the central competent authority, may conduct case supervision on matters of mandatory hospitalization, mandatory community treatment and emergency placement; if they discover any inappropriate circumstances, they shall immediately notify the relevant competent authorities to take improvement measures.</p> <p>Considering the autonomy, equality and interests protection of severe patients, they may petition to the court for a ruling to cease mandatory hospitalization, mandatory community treatment or emergency placement.</p>
Article 67	<p>The first instance of affairs related to the mandatory hospitalization of severe patients, the cessation of emergency placement, and the cessation of mandatory community treatment stipulated in this Act shall be conducted by a collegiate panel consisting of one judge as the presiding judge and two expert lay judges.</p> <p>As the court proceeding of the affairs referred to in the preceding Paragraph ends, the court shall immediately deliberate and announce its ruling; the following stipulations shall be observed during deliberation:</p> <ol style="list-style-type: none"> 1. Expert lay judges and judges shall participate in the whole court procedure.

	<p>2. During the deliberation, the expert lay judges comprising the specialist physician and the representative of the patient rights and interest advocacy groups, and the judge shall state their opinions in sequence.</p> <p>3. The decision of deliberations shall be made based on the majority of opinions.</p>
Article 68	<p>The expert lay judges shall include separately a designated specialist physician recommended by the central competent authority and a representative of a patient rights and interests advocacy groups.</p> <p>Individuals who have either one of the following situations, including being disqualified from serving as judges under the Judges Act, as well as having had their physician certificate or practice license canceled or revoked, or having been subject to disciplinary measures, may not serve as expert lay judges.</p> <p>The expert lay judges shall be recommended by the central competent authority, selected by the Judicial Selection Committee of the Judicial Yuan, and submitted to the President of the Judicial Yuan for appointment for a term of three years.</p> <p>The regulation governing the qualifications, recommendation procedures, and the number of expert lay judges, and other relevant matters, shall be established by the Judicial Yuan after conferring with the Executive Yuan.</p> <p>The regulation governing the expert lay judges' selection procedures, taking oath, code of ethical conduct, expense payment, and other relevant matters shall be established by the Judicial Yuan.</p>
Article 69	<p>The expert lay judges shall exercise their functions and powers independently in accordance with the law and without any interference. Unless otherwise provided by law, their functions and powers are the same as those of judges.</p> <p>The expert lay judges shall perform their duties fairly and honestly in accordance with the law, shall not act in a way detrimental to judicial justice and credibility, and shall not disclose secrets from the deliberation and other secrets known in the course of performing their duties.</p> <p>If expert lay judges are in one of the circumstances stipulated in the Judges Act Paragraph 1 of Article 42 and various Subparagraphs of Paragraph 1 of Article 43, or there are specific facts and evidence that are sufficient to determine that it could be difficult to expect the performance of their duties to be fair, the President of the Judicial Yuan may, with the consent of the Judicial Selection Committee, discharge their duties.</p>
Article 70	<p>If a severe patient does not have a non-litigious agent, the court may appoint a lawyer as their legal agent if it deems necessary.</p> <p>If a severe patient does not have a legal agent referred in the preceding Paragraph, or if the court deems it necessary during conducting the court proceedings, a guardian ad litem may be designated for him. The remuneration of the guardian ad litem may be paid by the national treasury.</p>
Article 71	<p>If the court finds that a petition for mandatory hospitalization or extension of mandatory hospitalization does not meet the extent that the criteria of such hospitalization requires, but there are reasons for mandatory community treatment, it may rule for mandatory community treatment either on petition or on its own initiative.</p>

	<p>Any appeal against the court ruling pursuant to the preceding Paragraph, Paragraph 4 of Article 59, Paragraph 2 of Article 63, and Paragraph 1 or 3 of Article 66, may be filed within ten days after the ruling has been served; there shall be no further appeal against the appeal court's ruling.</p> <p>The written form of the court ruling referred to in the preceding Paragraph, may be replaced in the way that the court clerk records in the transcript the main text, facts, and the gist of reasons announced by the judge; if the ruling is appealed, the court shall rectify the written form of the ruling within ten days.</p>
Article 72	<p>In cases there is technology equipment with mutual sound and image transmission functions both at the whereabouts of the severe patient and the court, which allows the court to conduct the proceedings directly, the court may use such equipment for the proceeding.</p>
Article 73	<p>During the periods of petitioning for a court ruling and appealing, the designated psychiatric institution may continue to carry out emergency placement, mandatory hospitalization, or mandatory community treatment of the severe patient. However, the aforementioned measures shall not apply during the period of appeals against the following court rulings:</p> <ol style="list-style-type: none"> 1. The cessation of mandatory community treatment, emergency placement or mandatory hospitalization. 2. Rejection of the petition for mandatory hospitalization. 3. Rejection of the petition for the extension of mandatory hospitalization.
Article 74	<p>In affairs where the expert lay judges participate in the proceedings, except as otherwise specifically stipulated in this Act, the provisions of the Family Act, the Court Organization Act, the Juvenile and Family Court Organization Act, and other laws shall apply.</p> <p>The regulation governing the operating procedures, documents to be prepared, and other matters to be complied with for designated psychiatric institutions in the affairs referred to in the preceding Paragraph, shall be established by the Executive Yuan jointly with the Judicial Yuan.</p>
Article 75	<p>When necessary, the central, and local competent authorities may scrutinize the practices of emergency placement, mandatory hospitalization, and mandatory community treatment performed by the designated psychiatric institutions, or order them to provide reports of relevant practices. The designated psychiatric institutions may not refuse.</p> <p>The central and local competent authorities may entrust relevant institutions or associations to conduct the review of reports and scrutiny of the practices referred to in the preceding Paragraph.</p>
Article 76	<p>Specialist physicians who fall under the following circumstances specified in either one of the following Subparagraphs may not conduct the diagnosis as specified in Paragraph 2 of Article 54 and Paragraphs 1 of Article 55, neither may he conduct examination as specified in Paragraph 2 of Article 59 and Paragraph 2 of Article 63 :</p> <ol style="list-style-type: none"> 1. They themselves are patients who receive diagnosis or examination; 2. They themselves are the patients' protectors or interested parties.
	Chapter 6 Penalty Provisions
Article	Psychiatric institutions that violate the provisions of Article 43 or Article 44 shall be fined by

77	<p>the central competent authority no less than NT\$60,000 and no more than NT\$300,000; in the case of severe violations, business suspension for no less than one month and no more than one year may be additionally imposed.</p>
Article 78	<p>Broadcasts and television businesses that violate the provisions of Article 38, Paragraph 1 or Paragraph 2 shall be fined no less than NT\$ 60,000 and no more than NT\$ 600,000 by the targeted business competent authorities, and the business shall be ordered to make corrections within a certain period of time; if the businesses fail to do so within the prescribed period, it may be penalized per instance.</p> <p>In cases that promotional materials, publications, the Internet, or other media businesses not specified in the preceding Paragraph violate the provisions of Paragraph 1 or Paragraph 2 of Article 38, the targeted business competent authority shall impose a fine of no less than NT\$ 60,000 and no more than NT\$ 600,000 on the responsible persons, and may confiscate the items stipulated in Paragraph 1 or Paragraph 2 of the same Article, or order the person to remove the content, take down the items or take other necessary measures within a specified period of time. If the responsible person fails to perform within the specified period, fines may be imposed per instance until compliance is achieved.</p> <p>Agencies, institutions, juridical persons or organizations other than those specified in the preceding Paragraphs violate the provisions of Paragraph 2 of Article 38 without justifiable reasons, they shall be fined no less than NT\$20,000 and no more than NT\$100,000, and may be ordered to remove the content, take down the items or take other necessary measures within a specified period of time. If they fail to perform within the specified period, fines may be imposed per instance until compliance is achieved.</p> <p>In cases there is no responsible person of promotional materials, publications, the Internet, or other media business, or the responsible person does not have a supervisory relationship with the person who committed the act, the penalty specified in Paragraph 2 shall be imposed on the person who committed the act.</p> <p>The targeted business competent authority of the Internet, publications, promotional materials, or other media business specified in Paragraph 2 refers to the municipality or county (city) government of where the company or business of the person committing the act or responsible person is located.</p>
Article 79	<p>In cases where entities violate the provisions of Paragraph 4 of Article 21, their responsible persons shall be fined no less than NT\$60,000 and no more than NT\$300,000, and the names of such persons shall be publicly announced. The entities shall also be ordered to make corrections within a specified period of time.</p> <p>During the specified correction period referred to in the preceding Paragraph, no additional patients shall be accommodated. Violators shall be subject to an additional fine of no less than NT\$60,000 and no more than NT\$300,000, which may be imposed per instance.</p> <p>If the corrections required in accordance with the provisions of the preceding Paragraph are not made by the deadline, when necessary, additional sanctions including the disconnection of the water supply, electricity or other energy necessary for operation shall be imposed. In addition, the responsible person shall be fined no less than NT\$100,000 and no more than</p>

	<p>NT\$500,000 and ordered to transfer and place the accommodated patients within one month. If the responsible person is unable to do so, the local competent authority shall provide assistance, and the responsible person shall cooperate. Failure to cooperate, shall results in compulsory measures and a fine no less than NT\$200,000 and no more than NT\$1,000,000.</p>
Article 80	<p>Anyone who violates any of the Subparagraphs of Article 29 shall be subject to a fine of no less than NT\$60,000 and no more than NT\$300,000, and the violator’s name may be publicly announced.</p> <p>If the patient's protector or personnel of a mental health care institution violates any of the Subparagraphs of Article 29, in addition to being subject to the penalties prescribed in the preceding Paragraph, the local competent authority shall order them to attend guidance and education programs of no less than four hours and no more than fifty hours, which are conducted by the social administration authority, and necessary fees for which shall be charged. The self-government regulation regarding the collection of such fees shall be established by the local competent authority.</p> <p>Those who refuse to participate in the guidance and education programs prescribed in the preceding Paragraph or fail to complete the required hours, shall be subject to a fine of no less than NT\$3,000 and no more than NT\$30,000. If they still refuse to participate after being notified again, they may be fined per instance until they comply.</p>
Article 81	<p>Under any of the following circumstances, a fine of no less than NT\$30,000 and no more than NT\$150,000 shall be imposed, and corrections be made within a specified period of time; in cases of failure to do so within the specified period or severe violations, a penalty of suspension of business for one month to one year or revocation of operation license shall be imposed:</p> <ol style="list-style-type: none"> 1. A mental health care institution designated to provide treatment and life reconstruction services for substance use disorders violates the management provisions in the regulation stipulated in Paragraph 2 of Article 21; 2. A mental health rehabilitation institution receives an audit pursuant to Paragraph 4 of Article 22 and is determined as inadequate, or violates Paragraph 5 of the same Article by evading, obstructing, or refusing the audit, or violates the provisions regarding restriction conditions prescribed in the regulation stipulated in Paragraph 7 of the same Article; 3. If a psychiatric institution executes emergency placement or mandatory hospitalization without following the procedures set forth in Paragraph 2 · Paragraph 4 of Article 59 or Paragraph 2 of Article 63, or fails to discontinue mandatory hospitalization in accordance with the provisions of Article 64, penalties may be imposed; 4. A psychiatric institution executes mandatory community treatment without following the diagnosis or procedures prescribed in Paragraph 2 of Article 54, Paragraph 1 of Article 55, or an institution or organization carrying out mandatory community treatment fails to cease mandatory community treatment in accordance with the provisions of Article 56; 5. A mental health care institution violates the provisions of Article 32.
Article 82	<p>Under any of the following circumstances, a fine of no less than NT\$30,000 and no more than NT\$150,000 shall be imposed:</p>

	<p>1. A psychiatric institution violates the provisions of Paragraph 1 of Article 33 by unjustifiably detaining patients who have stabilized illness conditions or recovered from their illness;</p> <p>2. Violations of provisions for the protection of patient rights and interests in Article 37, Article 39 or Paragraph 1 of Article 40;</p> <p>3. A medical institution violates the provisions in Paragraph 3 of Article 45 by failing to report information on severe patients to the local competent authority;</p> <p>4. A mental health care institution violates the provisions of Paragraph 1 of Article 52 by failing to notify the patient's family or protector when a patient who is undergoing full-day hospitalization leaves the institution without permission, or by failing to notify the local competent authority and the police department when a patient's whereabouts are unknown.</p>
Article 83	Anyone who violates the provisions of Paragraph 4 of Article 51 by divulging information that should be kept confidential shall be fined no less than NT\$20,000 and no more than NT\$100,000.
Article 84	In cases of violating the provisions of Paragraphs 1 and 2 of Article 46 by failing to provide medical treatment or assistance to access to treatment, fines no less than NT\$6,000 and no more than NT\$30,000 shall be imposed on the representative or person in charge.
Article 85	If a mental health care institution violates relevant provisions of this Act, in addition to penalties imposed in accordance with Article 77, 81, or 82, fines shall also be imposed on the person committing the act in accordance with the provisions of respective Articles.
Article 86	In cases of private mental health care institutions, the fines stipulated in this Act shall be imposed on the responsible physician or person in charge. However, if in the case of private mental health care institutions the aforementioned physician or person is the same as the person committing the act on whom a concurrent penalty is imposed, no additional penalties on the person shall be imposed.
Article 87	Unless otherwise specified, fines, suspension of business, and revocation of business licenses stipulated in this Act shall be imposed by the local competent authority.
	Chapter 7 Supplementary Provisions
Article 88	<p>Prior to the enforcement of the amended provisions of this Act on November 29, 2022, for those who have been compulsorily hospitalized in accordance with stipulations, if designated psychiatric institutions recognize the necessity of continuing their mandatory hospitalization, the institutions shall within two months from the date of the enforcement of the amendment, petition to the court for the continuation of their mandatory hospitalization.</p> <p>If the court finds the petition specified in the preceding Paragraph valid, the 60-day period of mandatory hospitalization shall be calculated by counting in the period of mandatory hospitalization before the enforcement of the statutes of this Act amended on November 29, 2022.</p>
Article 89	<p>The competent authority may request relevant agencies, schools, institutions, legal persons, organization, or individuals to provide the necessary data required for handling the business of this Act; the requested party has the obligation to cooperate in providing the data.</p> <p>Regarding the data obtained in accordance with the stipulations in the preceding Paragraph, the competent authority shall fulfill its duty of care as a good administrator in conducting a</p>

	thorough data security audit. In addition, the competent authority shall comply with the stipulations of the Personal Data Protection Act in data storage, processing, and utilization.
Article 90	The enforcement rules of this Act shall be formulated by the central competent authority, and submitted to the Executive Yuan for it to confer with the Judicial Yuan for approval.
Article 91	The enforcement date of this Act shall be two years from the date of its promulgation, except for Chapter 5 and Article 81, Subparagraphs 3 and 4, the enforcement date of which shall be determined by the Executive Yuan in conjunction with the Judicial Yuan.