

Privacy Policy

The Pharmaceutical and Medical Device Regulatory Science Society of Japan (“PMRJ” or “we”) will protect personal information in accordance with this policy.

PMRJ may collect personal data including, but not limited to, your name, title, employer, address, telephone number, and email address. PMRJ collects personal data from you through your voluntary input of your personal information on PMRJ’s website, direct personal contact with you, and each time you email PMRJ your details.

1. Compliance with Applicable Laws and Regulations

We will comply with all applicable laws and regulations related to the protection of personal information, including the Act on the Protection of Personal Information of Japan, in order to ensure that personal information is handled properly.

2. Collection and Use of Personal Information

We will use your personal information for the following purposes of use:

- a. To contact and arrange for PMRJ’s management activities, report our activities and bill a person.
- b. To manage members of PMRJ.
- c. To receive orders for, and to send, publications.
- d. To provide information on workshops, lecture meetings, etc., and to manage the attendees.
- e. To receive orders for, and to send, reference standards.
- f. To examine questions or opinions directed to PMRJ and to carry out research.
- g. To provide information or questionnaires with respect to PMRJ’s business activities.
- h. To notify or report to the government when required.
- i. To use the personal information within the purposes necessary to carry out our business activities other than the above.

3. Provision of Personal Information to Third Parties

Except when required in accordance with applicable laws and regulations, we will not provide personal information to any third party without the consent of the data subject. In addition, when contracting for the handling of personal

information to a third party, we will ensure that the contractor handles the personal information properly.

4. Security Control Measures

We have established “Rules for Protection of Personal Information” and will ensure that personal information is handled properly. We will take appropriate precautionary measures to ensure safety and accuracy in the management of personal information to prevent risks, such as unauthorized access to personal information, loss of personal information, damage, falsification, and leakage.

5. Requests for the Disclosure, etc. of Personal Information

If you make a request for disclosure, correction, deletion, or cessation of use, etc., of your personal information retained by us, we will promptly respond in good faith.

i. How to Request the Disclosure, etc.

In order to request the notification of the purpose of use, or disclosure, correction, addition, deletion, cessation of use, or suspension of provision of personal information to a third party, please fill in the form attached hereto (**Annex I**) and submit it by postal mail or as an attachment of email to our address/email address below along with your identification document (you are to bear the costs for sending the documents by postal mail).

[Address]

2-1-2, Hiranomachi, Chuo-ku, Osaka, 541-0046, Japan

[Email Address]

jprslab-std@pmrj.jp

If you would like to change your contact information (e.g., address), please contact the specific department with which you registered your contact information.

ii. Documents to be submitted for the Request for Disclosure, etc.

a. Form of the Request (Annex I)

b. Document for Identity verification

- In the case of a request by a data subject, please submit a copy of either a driver's license, health insurance card, passport, or other valid form of identity verification, of the data subject
- When making a request through an agent, please submit (i) a power of attorney and (ii) a copy of either a driver's license, health insurance card, passport, or other valid form of identity verification, for each of (a) the agent and (b) the requestor.

Please note that, in order to retain records of the communication, we will not return these documents.

6. Contact

For inquiries about the handling of personal information by PMRJ, please contact the following contact point:

i. **By phone:**

The Pharmaceutical and Medical Device Regulatory Science Society of Japan

General Affairs Division, Department of General Affairs
(+81-6-6221-3444)

Only available 9am to 12pm and 1pm to 5pm (JST) on weekdays

ii. **By postal mail:**

The Pharmaceutical and Medical Device Regulatory Science Society of Japan

Attn: General Affairs Division, Department of General Affairs
2-1-2, Hiranomachi, Chuo-ku, Osaka, 541-0046, Japan

iii. **By email mail:**

The Pharmaceutical and Medical Device Regulatory Science Society of Japan

jprslab-std@pmrj.jp

Annex I

(Month) (Date)

(Year)

Request for Disclosure, etc., of Personal Information

To PMRJ:

I hereby request the disclosure of personal information, etc., under Article [33], etc. of "Act on the Protection of Personal Information" of Japan.

Requestor	Address		
	Name	Telephone Number	

Please check the relevant box(es) and fill in the required information, below.

Requestor's Relationship with PMRJ	<input type="checkbox"/> Individual Member of PMRJ <input type="checkbox"/> Attendee at Workshops or Lectures <input type="checkbox"/> Lecturer at Workshops or Lectures <input type="checkbox"/> Accredited Person of RS Expert Accreditation System <input type="checkbox"/> Author of Article <input type="checkbox"/> Committee Member <input type="checkbox"/> Other		
Agent (If requested through agent)	Address		
	Name	Telephone Number	
Category of Request	<input type="checkbox"/> Notification of the Purpose of Use <input type="checkbox"/> Disclosure <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Deletion <input type="checkbox"/> Cessation of use <input type="checkbox"/> Erasure <input type="checkbox"/> Suspension of provision to third party		
Category of Disclosure	[<input type="checkbox"/> Disclosure of personal information <input type="checkbox"/> Disclosure of records on provision to third party]		
Method of Disclosure	[<input type="checkbox"/> Document <input type="checkbox"/> Electromagnetic record <input type="checkbox"/> Other ()]		

Scope of Disclosure of Personal Information (Only for the request for disclosure)		
Reasons for Request -Please check the relevant box. -You do not have to check a box when requesting notification of the purpose of use or requesting disclosure.	Request for Correction, Addition or Deletion	<input type="checkbox"/> Personal information is incorrect <input type="checkbox"/> Other ()
	Request for Cessation of use or for Erasure	<input type="checkbox"/> Personal information was illegally collected <input type="checkbox"/> Personal information use exceeded the purpose of use <input type="checkbox"/> Other ()
	Request for Suspension of Provision to Third Party	<input type="checkbox"/> Personal information was provided to a third party without consent of the data subject <input type="checkbox"/> Other ()
Specific Details of Request -Fill in only when requesting correction, addition or deletion. -If you would like to add more details, please attach an exhibit to this form.	[Details of Correction]	
	[Details of Addition]	
	[Details of Deletion]	

We will only use the personal information provided herein for the purpose of responding to the request.

[Note]

1. If you would like to change your contact information (e.g., address), please contact the specific department with which you registered your contact information.

2. Please use this form when making the request and, for identity verification purposes, please attach a copy of either your driver's license, health insurance card, passport, or other valid form of identification, to this form.
3. When making the request through an agent, please attach (i) a power of attorney and (ii) for each of (a) the agent and (b) the requestor, a copy of either a driver's license, health insurance card, passport, or other valid form of identification.
4. If there are any errors in the form or any missing documents in relation to the identity verification, we will not be able to handle your request.
5. We may contact you regarding this form for confirmation.