

Mandatory Reporting Requirements, Law Enforcement, and Patient Confidentiality in Alabama

Note: This resource is up to date as of July 2025.

Why use this fact sheet?

Confidentiality is central to the provider-patient relationship and a core part of medical ethics. In addition, violating patient confidentiality unnecessarily may carry professional or legal penalties. This fact sheet provides an overview of some of the major mandatory reporting requirements and where they intersect with patient privacy – with a specific focus on self-managed abortion. This fact sheet does not contain legal advice, and we recommend that providers who have further questions about their reporting requirements consult an in-state attorney for more information.

Who wrote this guide and why?

If/When/How: Lawyering for Reproductive Justice is a legal advocacy organization. We created this fact sheet in part because the most common cause of the criminalization of people who self-manage their own abortion care is unnecessary reports to law enforcement by medical providers. We also frequently field questions from providers who are concerned about what they may need to report. We know providers share our concern that risk to patients may be high when a report to law enforcement is triggered. In the case of reporting self-managed abortion, the consequences to patients might include jail time, losing custody of their children, a criminal record, or fines – all of which are unjust responses by an overzealous, racially biased system and frequently violate people's rights. Failure to report when it is necessary also carries risk of liability, so we want providers to feel confident in their ability to discern when reporting is legally required, and what must be included.

Providers can also help protect their patients from unjust criminalization.

Know your mandatory reporting obligations, and where they intersect with patient privacy.

This fact sheet covers most mandatory reporting requirements in Alabama law. Your hospital, clinic, or practice may have additional reporting requirements that you should be familiar with. Providers can help patients maintain their agency and confidentiality while fulfilling their mandatory reporting obligations by:

- Not reporting patients if not legally required
- Informing patients of what the provider may have to report prior to treating the patient
- Carefully considering what information is necessary to document in a medical chart
- Not asking patients for information that is not necessary to patient care

Providers can also help protect their patients from unjust criminalization by ensuring that their hospital or clinic reporting policies do not conflict with state laws on medical privacy.

Major Mandatory Reporting Requirements in Alabama¹

Crime: Self-managed abortion is not a crime for abortion seekers in Alabama.²

Alabama health care providers are not required to report crimes other than (1) child abuse or neglect (including harm to a young person by anyone), (2) vulnerable adult abuse or neglect, and (3) certain results of crimes (such as injuries as described elsewhere in this fact sheet).

Child³ and vulnerable adult⁴ abuse: A young person or vulnerable adult self-managing an abortion is not ordinarily reportable as abuse.

Legal requirements for child abuse reporting are fraught with bias, in particular toward families of color and families struggling to make ends meet. However, all health care providers in Alabama who diagnose, examine, treat, or provide counseling are mandatory reporters for suspected child abuse and neglect.⁵ Health care providers are also mandatory reporters for suspected vulnerable adult abuse or neglect.⁶ Because suspicion naturally stems from our biases, health care providers should thoroughly examine any potential bias at play when deciding whether or not a report is required under the law. Alabama law also requires providers to report to state law enforcement⁷ if anyone (not just a parent or adult responsible for them) abuses a young person. Health care providers should inform adolescent patients about what constitutes reportable child abuse prior to talking to them about care when possible.

**Have more questions?
Reach out to request technical assistance.**

Even if a provider decides to make an abuse report, the fact that a young person or vulnerable adult self-managed their own abortion would not ordinarily need to be included in a report.

Statutory rape: If a provider does need to report a statutory rape⁸, the fact that the patient attempted to end the pregnancy is not relevant to the investigation.

Alabama requires all health care providers to report suspected child sexual abuse, which includes statutory rape. Sexual intercourse between someone at least 12 years old and someone older than them is not statutory rape if they are within two years of age. Health care providers should inform adolescent patients about what constitutes reportable sexual conduct prior to talking to them about care where possible.

Certain traumas and injuries: Self-managed abortion is not a reportable injury.

Health care providers in Alabama must notify the police when they treat gunshot wounds.⁹ However, allowing law enforcement into a patient's room is often a patient privacy violation, and any patient consent to police presence while suffering from a gunshot wound is likely not true informed consent.¹⁰ If a reportable injury or condition is somehow connected to self-managed abortion, the health care provider is not required to report the intent behind the injury. Health care providers should inform patients about what constitutes reportable injuries prior to talking to them about care where possible.

Overdoses and drug use during pregnancy: There is no blanket requirement that health care providers report overdose or drug use during pregnancy.

But providers may want to consult an attorney to develop protocols for when a newborn tests positive for a non-prescribed controlled substance. Under Alabama Supreme Court case law, use of unprescribed controlled substances is considered "chemical endangerment of a child" when it exposes a viable fetus to such substances.¹¹ However, a provider's mandatory reporter role is limited. First, Alabama law does not require health care providers to drug test newborns or pregnant people. Second, the statute defining abuse that must be reported does not include chemical endangerment.¹² Thus, while the state may still consider post-viability in utero substance exposure to be reportable criminal child abuse, the relevant statutes do not explicitly require testing or reporting.

Self-harm: Alabama requires health care providers to report threats of suicide.

Under Alabama law, health care providers must “take reasonable precautions” to prevent a foreseeable suicide.¹³ Health care providers also have a duty to warn a third party when a patient makes a “serious threat of physical violence against a reasonably identifiable victim.”¹⁴ The duty to warn may be discharged by making a reasonable effort to inform the victim or law enforcement about the threat.¹⁵ Revealing an intention to self-manage an abortion is not a threat of violent behavior or serious harm, and in this reporting statute a fetus has not been established as a “third party” or separate person. If a patient indicates they may engage in an unsafe method of self-managed abortion, there are clinical interventions¹⁶ that support patient safety without a report.

Abortion:¹⁷ It is never necessary to report a patient’s intention to self-manage an abortion.

Under Alabama law, a physician who performs an abortion must report non-identifying information about each abortion to the Department of Public Health.¹⁸ The intent to self-manage – or the event of self-managing – is not information a physician is required to provide under state law.

Fetal death: Under the current definition of “fetal death,” providers do not have to report abortions.¹⁹

Providers must report fetal deaths that 1) occur at or after 20 weeks gestational age to the registrar within 5 days of the fetal death.²⁰ Under the current definition of fetal death, providers are not required to report, as fetal death, any induced termination of pregnancy, including self-managed abortion. The county medical examiner or coroner must investigate the cause of any reported fetal death that was not medically attended.²¹

HIPAA:

HIPAA generally prevents health care providers and entities from disclosing patient information without patient consent, and the state reporting laws discussed in this fact sheet are exceptions to that rule.²² This means that when a provider is legally required to make a report, HIPAA allows them to share patient information that is specifically required or permitted by the applicable state reporting law. Providing any additional patient information beyond what is specifically required or permitted by state law would likely violate HIPAA.

Accordingly, providers should carefully consider what patient information is necessary for making a report. For example, if a provider treats a minor patient for an injury that gives them cause to suspect physical abuse, the provider could share the records that are relevant to the suspected abuse, but they likely could not share the patient's *entire* medical record without violating HIPAA.

Providers with questions about medical privacy laws in relation to reproductive health care can request technical assistance from If/When/How: <https://ifwhenhow.org/learn/technical-assistance/>.

Citations

1. This fact sheet focuses on mandatory reporting requirements that involve law enforcement or an analogous health authority. It does not include mandatory reporting requirements concerning communicable diseases, childhood blood lead levels, etc. The fact sheet intends to cover reporting requirements for physicians, nurses, physician assistants, midwives, social workers, mental health professionals, and emergency medical technicians. If you know of a mandatory reporting requirement for these professionals in Alabama involving or potentially involving law enforcement that is not covered on this sheet, please contact info@ifwhenhow.org.
2. Code of Ala. § 26-23H-4 criminalizes the provision of abortions that are not permitted under Alabama abortion law. This would apply to abortions that do not fall into a medical exception.
3. Someone under 18 years old or someone under 19 “who is in need of protective services and does not qualify for adult protective services.” Code of Ala. § 26-14-1(3).

Citations

4. Vulnerable adult is defined as someone “18 years of age or older whose behavior indicates that he or she is mentally incapable of adequately caring for himself or herself and his or her interests without serious consequences to himself or herself or others, or who, because of physical or mental impairment, is unable to protect himself or herself from abuse, neglect, exploitation, sexual abuse, or emotional abuse by others, and who has no guardian, relative, or other appropriate person able, willing, and available to assume the kind and degree of protection and supervision required under the circumstances.” Code of Ala. § 38-9-2(2).
5. Code of Ala. § 26-14-3.
6. Code of Ala. § 38-9-8(a).
7. For a definition of abuse, see Code of Ala. § 26-14-1(1).
8. In Alabama, generally a person who is under 16 cannot consent to sexual activity with anyone who is 16 or older. Statutory rape is penalized under the crimes of 'rape' and 'sexual abuse' in Alabama's criminal code. See Code of Ala. § 13A-6-70(c)(1), Code of Ala. § 13A-6-61 to 62, Code of Ala. § 13A-6-67(a)(2), and Code of Ala. § 13A-6-69.1(a).
9. Code of Ala. § 22-21-11(a).
10. Working Grp. on Policing and Patient Rts., *Police in the Emergency Department: A Medical Provider Toolkit for Protecting Patient Privacy* (2021), <https://www.law.georgetown.edu/health-justice-alliance/wp-content/uploads/sites/16/2021/05/Police-in-the-ED-Medical-Provider-Toolkit.pdf> (last visited June 1, 2025).
11. Code of Ala. § 26-15-3.2. See *Ex Parte Hicks*, 153 So. 3d 53 (Ala. 2014) (affirming an earlier holding in *Ankrom v. State* that the use of the word “child” in the chemical endangerment statute includes a “viable fetus,” 152 So. 3d 373, 385 (Ala. 2011)).
12. Alabama’s mandatory reporting law (Code of Ala. § 26-14-3) references a child abuse definition (Code of Ala. § 26-14-1) that does not include Alabama’s chemical endangerment law, which is a separate statute (Code of Ala. § 26-15-3.2). The holdings in *Hicks* and *Ankrom* are construing the definition of the word “child” in the chemical endangerment statute and not in § 26-14-1(3) (defining child for the purposes of the reporting statute). In fact, those two provisions (chemical endangerment and the definition of child abuse in the reporting statute) are in different chapters of Alabama law.
13. “When a patient has a history of suicidal proclivities, has manifested suicidal proclivities in the presence of the defendant, or was admitted to the facility because of a suicide attempt, then the health-care provider has a duty to take reasonable precautions to prevent a suicide.” *Patton v. Thompson*, 958 So. 2d 303, 311 (Ala. 2006).
14. Code of Ala. § 34-17A-23(a), see also Code of Ala. § 34-8A-24.
15. Code of Ala. § 34-17A-23(b).

Citations

16. Such clinical interventions could include informing the client about clinics where they can receive abortion care, or encouraging the client to call the [Repro Legal Helpline](#) if they are considering self-managing an abortion.

17. Alabama defines abortion as “[t]he use or prescription of any instrument, medicine, drug, or any other substance or device to terminate the pregnancy of a woman known to be pregnant with an intention other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a dead unborn child who died as the result of natural causes in utero, accidental trauma, or a criminal assault on the pregnant woman or her unborn child, and which causes the premature termination of the pregnancy.” Code of Ala. § 26-23B-3(1). For the reporting statute, Alabama also uses “induced termination of pregnancy” meaning, “[t]he purposeful interruption of an intrauterine pregnancy with the intention other than to produce a live-born infant and which does not result in a live birth. This definition excludes management of prolonged retention of products of conception following fetal death.” Code of Ala. § 22-9A-1(5).

18. Code of Ala. § 22-9A-13(b).

19. Alabama defines fetal death as “[d]eath prior to the complete expulsion or extraction from the mother of a product of human conception, irrespective of the duration of pregnancy and which is not an induced termination of pregnancy. The death is indicated by the fact that after the expulsion or extraction the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. Heartbeats are to be distinguished from transient cardiac contractions; respirations are to be distinguished from fleeting respiratory efforts or gasps.” Code of Ala. § 22-9A-1(2).

20. Code of Ala. § 22-9A-13(a).

21. *Id.*

22. *See, e.g.,* Dep’t of Health & Hum. Servs., *My state law authorizes health care providers to report suspected child abuse to the state department of health and social services. Does the HIPAA Privacy Rule preempt this state law?* (last reviewed Dec. 28, 2022), <https://perma.cc/4BUP-ZZDA>. “[I]f a provision of State law provided for [reporting of disease or injury, child abuse, birth, or death, or for public health surveillance, investigation, or intervention] and was contrary to the [HIPAA] Privacy Rule, the State law would prevail.” *Id.* In other words, HIPAA protects all patient information from disclosure, except for what a state reporting law either requires or permits.