

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

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 may 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 Georgia 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, and
- Carefully considering what information is necessary to document in a medical chart

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 Georgia¹

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

Georgia providers are only required to report (1) child abuse or neglect, (2) vulnerable adult abuse or neglect, and (3) injuries intentionally inflicted on a patient by another person.

Child and vulnerable adult abuse: A minor² or vulnerable adult³ self-managing an abortion is not ordinarily reportable as abuse.

Legal requirements for child and vulnerable adult abuse reporting are fraught with bias, in particular toward low-income families and families of color. However, all health care providers in Georgia who diagnose, examine, treat, or provide counseling are mandatory reporters for suspected child abuse and neglect. Health care providers are also mandatory reporters for suspected vulnerable adult abuse or neglect. Because suspicion is subjective and can often stem from bias, health care providers should thoroughly examine any potential bias at play when deciding whether or not a report is required under the law.

Georgia law requires providers to report to the Division of Family and Children Services when they have cause to suspect that a minor is experiencing abuse⁴ or neglect from a parent, guardian, legal custodian, or other person responsible for the minor's care⁵.

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questions?
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request
technical
assistance.**

Providers must also report to an adult protection agency when they have reasonable cause to believe a vulnerable adult is experiencing abuse⁶ or neglect.⁷ Even if a provider decides to make an abuse report, the fact that a minor or vulnerable adult self-managed their own abortion would not ordinarily need to be included in a report.

Under Georgia law, encountering a minor who is pregnant would not automatically trigger a report unless the provider has cause to suspect that the patient experienced certain subsets of statutory rape, as discussed below.⁸ Health care providers should inform young patients about what constitutes reportable sexual conduct prior to talking to them about care where possible.

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

In Georgia, statutory rape means sex with a person under age 16.⁹ Consensual sex between spouses, regardless of the minor's age, is not reportable as statutory rape.¹⁰ Georgia only requires health care providers to report statutory rape as child abuse if (a) the patient is under age 14, or (b) the patient is 14-17 and their sexual partner is or was more than 4 years older than them.¹¹

Health care providers should inform young patients about what constitutes reportable sexual conduct prior to talking to them about care where possible.

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

Georgia health care providers must report physical injuries that they have reason to believe were intentionally inflicted upon the patient by another person.¹² Though most people who self-manage do so with medication, sometimes people without access to medication or other safe abortion care may utilize more physical methods, such as asking someone to punch them in the stomach in order to induce a miscarriage, which may result in a reportable injury. If a reportable injury or condition is somehow connected to a 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 a reportable injury prior to talking to them about care where possible.

Additionally, the requirement for providers to report certain injuries does not mean that they must allow police into a patient's room, which is typically not required by law. In fact, allowing law enforcement into a patient's room is often a patient privacy violation. Any patient consent to police presence while suffering from a serious injury or illness is likely not true informed consent.

Overdoses and drug use during pregnancy: Health care providers are not required to report overdose or drug use during pregnancy.

Providers must notify the Division of Family and Children Services if a newborn tests positive for exposure to a controlled substance, if there are symptoms of withdrawal, or if there are diagnosed and harmful effects on the newborn's appearance or functioning.¹³

However, a person's use of a controlled substance during pregnancy due to medical treatment for the birthing parent or newborn is *not* reportable abuse.¹⁴ Accordingly, medications like buprenorphine for opioid use disorder treatment would not trigger an abuse report if taken as recommended. Use of medical or recreational marijuana also would not trigger an abuse report, as it is not a controlled substance in Georgia.¹⁵ However, use of synthetic or isolated THC would require an abuse report.¹⁶ As THC identified in a patient or newborn may derive from marijuana use, rather than use of THC, it does not automatically trigger a report. Providers with questions regarding what type of drug use triggers a report should contact If/When/How's Technical Assistance team.

Self-harm: Georgia does not require health care providers to report threats of self-harm.

Mental health providers in Georgia are generally not required to make a report when someone is a danger to themselves or others.¹⁷ However, mental health providers have a duty to prevent a patient from physically harming another person if the patient has indicated an intention to do so *and* the provider also has physical control over the patient's movement.¹⁸

Generally, revealing an intention to self-manage an abortion is not a threat of physical harm, unless the patient reveals a threat to themselves, such as intending to self-manage by self-harm behaviors (e.g. throwing themselves down the stairs). Use of abortion pills or herbal abortifacients would not constitute self-harm.

If a patient indicates they may engage in an unsafe method of self-managed abortion, there are clinical interventions that support patient safety without a report. Mental health providers may be able to mitigate the risk of self-harm by, for example, ensuring a pregnant patient understands that abortion is legal in other states, and that travel to those states for abortion care is legal. Georgia law does not require providers to report a patient's intent to self-manage an abortion as a threat to another person.

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

Georgia health care providers have a variety of abortion reporting requirements. Providers must report all abortions that they perform to the Department of Public Health within 10 days of the procedure.¹⁹

Providers must separately report any abortions that were performed under an exception to Georgia's 6-week abortion ban to the Department of Public Health.²⁰ That report must include the basis of the determination that the situation involved an exception: either a medically futile pregnancy, a medical emergency, or a pregnancy resulting from rape or incest that was reported to law enforcement. The provider must make this report within 30 days of the procedure.²¹

Georgia imposes additional reporting requirements on abortions performed in licensed abortion facilities.²²

The intent to self-manage – or the event of self-managing – is not information a provider is required to disclose under state law.

Fetal death: Providers in Georgia must report fetal deaths²³ that do not result from abortion.

Providers who attend a spontaneous fetal death must file a fetal death report within 72 hours with the local registrar in the county where the delivery occurred.²⁴ The provider must complete the medical certification portion of the report within 48 hours after delivery.²⁵ Fetal death reporting is not required after an abortion,²⁶ and health care providers do not need to report fetal deaths resulting from self-management.

Providers are at risk of a misdemeanor charge for willful or knowing failure to report a fetal death or willful or knowing refusal to provide information required in the fetal death report.²⁷ Providers are also at risk of a felony conviction for supplying false information for the report.²⁸

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.³⁰ 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 questions³¹ 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 Georgia involving or potentially involving law enforcement that is not covered on this sheet, please contact info@ifwhenhow.org.
2. "Minor" means a young person under 18 years old. See Ga. Code Ann. § 19-7-5(b)(4). "Minor" and "child" are used interchangeably in Georgia law to refer to young people under age 18.
3. "Vulnerable adult" means a person over age 18 who is physically or mentally incapacitated, has Alzheimer's disease, or has dementia; or a person over age 65. Ga. Code Ann. § 30-5-4. This does not include people who are residents in a long-term care facility. *Id.*; see also Ga. Code Ann. §§ 31-8-81, -82 (separately addressing abuse reporting related to residents of long-term care facilities).

Citations

4. Child abuse includes "(A) Physical injury or death inflicted upon a child *by a parent, guardian, legal custodian, or other person responsible for the care of such child* by other than accidental means; provided, however, that physical forms of discipline may be used as long as there is no physical injury to the child; (B) Neglect of a child *by a parent, guardian, legal custodian, or other person responsible for the care of such child*; (C) Emotional abuse of a child; (D) Sexual abuse or sexual exploitation of a child; (E) Prenatal abuse of a child *by a parent*; (F) An act or failure to act that presents an imminent risk of serious harm to the child's physical, mental, or emotional health; or (G) Trafficking a child for labor servitude." Ga. Code Ann. § 19-7-5(b)(5) (emphasis added).
5. Ga. Code Ann. § 19-7-5. Providers may alternatively report to law enforcement. *Id.*
6. Vulnerable adult abuse means "the willful infliction of physical pain, physical injury, sexual abuse, mental anguish, unreasonable confinement, or the willful deprivation of essential services to a disabled adult or elder person." Ga. Code Ann. § 30-5-3.
7. Ga. Code Ann. § 30-5-4 (vulnerable adult abuse). If the agency receiving the report identifies a crime, it will forward the report to law enforcement. *Id.* at (b)(1)(A).
8. Georgia's relevant definition of abuse includes sexual abuse or sexual exploitation. Ga. Code Ann. § 19-7-5(b)(5). These would include statutory rape in certain circumstances. *Id.* at (17).
9. Ga. Code Ann. § 16-6-3(a).
10. Ga. Code Ann. § 16-6-3(a).
11. Ga. Code Ann. § 19-7-5(b)(17) ("Sexual abuse shall include consensual sex acts when the sex acts are between minors if any individual is less than 14 years of age; provided, however, that it shall not include consensual sex acts when the sex acts are between a minor and an adult who is not more than four years older than the minor.").
12. Ga. Code Ann. § 31-7-9(b).
13. Ga. Code Ann. § 19-7-5(b)(14).
14. Ga. Code Ann. § 19-7-5(b)(14).
15. *C.W. v. Department of Hum. Servs.*, 836 S.E.2d 836, 837 (Ga. Ct. App. 2019) ("[U]nder the language of the governing statutes, marijuana is not a 'controlled substance,' and so a mother's use of marijuana during pregnancy does not amount to prenatal abuse.").
16. THC is a controlled substance in Georgia, meaning that use of THC specifically would require a report. *See generally* Ga. Code Ann. § 16-13-25 (scheduling THC, but not marijuana, and referring to marijuana separately from controlled substances). The THCA contained in raw marijuana is a precursor to THC, the psychoactive compound.
17. Under rules established by the State Board of Examiners of Psychologists of Georgia, mental health providers *may* disclose confidential patient information to protect themselves, the patient, or another person. Ga. Comp. R. & Regs. r. 510-4-.02(4)(e)(2).

Citations

18. *See generally Bradley Center, Inc. v. Wessner*, 287 S.E.2d 716 (Ga. Ct. App. 1982). In *Wessner*, the Court found that a mental health provider had control of a patient because the patient was being held in a mental health facility, under that provider's direct supervision, and could not leave the facility without the provider's permission. *See generally id.; Baldwin v. Hosp. Auth.*, 383 S.E.2d 154, 156-57 (1989) ("Unlike the hospital in the *Bradley Center* case, none of the defendants in the present case ever had 'control' of the patient in the sense that they could claim the legal authority to confine or restrain him against his will."). In the very rare situation that a provider treats patients in a facility that can involuntarily detain patients, and encounters a patient who intends to and has the ability to self-manage after fetal cardiac activity is present, they should contact an attorney due to the state's 2019 law defining an "unborn child" as a "natural person" within its Code. § 1-2-1(b). While there is nothing in the law that suggests a duty or even authority to report or detain an individual, to date, there have been no cases exploring this question.

19. Ga. Code Ann. § 31-10-31-19. Physicians who knowingly fail to report induced terminations of pregnancy that they perform may be subject to a \$1000 fine, up to one year of imprisonment, or both. Ga. Code Ann. § 31-10-31(b).

20. Ga. Code Ann. § 31-9B-3(a). This law also requires reports for "attempts to perform an abortion." *Id.*

21. While there is no clear criminal penalty for failing to file an exception report, providers who perform abortions after 6 weeks gestation may risk criminal investigation for violating Georgia's abortion ban if they file abortion reports without exception reports. *See Ga. Code Ann. § 16-12-140*. Not reporting an abortion exception can trigger civil sanctions. Ga. Code Ann. § 31-9B-3(a).

22. Ga. Code Ann. § 31-9A-6(a).

23. Fetal death "means death prior to the complete expulsion or extraction from its mother of a product of human conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such 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." Ga. Code Ann. § 31-10-1(4). This can include miscarriages. 1973 Op. Ga. Att'y Gen. 119, 121.

24. Spontaneous fetal death "means the expulsion or extraction of a product of human conception resulting in other than a live birth and which is *not an induced termination of pregnancy*." Ga. Code Ann. § 31-10-1(15) (emphasis added).

25. Ga. Code Ann. § 31-10-18(a).

26. Ga. Code Ann. § 31-10-18(b).

Citations

27. "When a doctor has induced an abortion by any currently used abortion procedure, a fetal death occurs. Therefore, both certificates must be filed. If the fetal death is caused by a spontaneous abortion or miscarriage, it would only be necessary to file a fetal death certificate." 1973 Op. Ga. Att'y Gen. 119, 121. *But see* Ga. Code Ann. § 31-10-18(a) ("All induced terminations of pregnancy shall be reported in the manner prescribed in Code Section 31-10-19.").
28. Ga. Code Ann. § 31-10-31(b).
29. Ga. Code Ann. § 31-10-31(a)(1).
30. *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://www.hhs.gov/hipaa/for-professionals/faq/406/does-hipaa-preempt-this-state-law/index.html>. "[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.