

# Mandatory Reporting Requirements, Law Enforcement, and Patient Confidentiality in North Carolina

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

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## 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.

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## 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.

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**Providers can also help protect their patients from unjust criminalization.**

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

This fact sheet covers most mandatory reporting requirements in North Carolina 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
- Not asking patients for information that is not necessary to patient care
- Informing patients of what the provider may have to report prior to taking patient history or treating the patient
- 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.

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## **Major Mandatory Reporting Requirements in North Carolina<sup>1</sup>**

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### **Crime: Self-managed abortion is not a crime for abortion seekers in North Carolina.<sup>2</sup>**

North Carolina health care providers are not required to report crimes other than (1) child abuse or neglect (2) certain other types of harm to a minor, (3) vulnerable adult abuse or neglect, and (4) certain results of crimes (such as injuries as described elsewhere in this fact sheet).

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### **Child<sup>3</sup> and vulnerable adult<sup>4</sup> abuse: A minor 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 North Carolina who diagnose, examine, treat, or provide counseling are mandatory reporters for suspected child abuse and neglect.<sup>5</sup> Health care providers are also mandatory reporters for suspected vulnerable adult abuse or neglect.<sup>6</sup> 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. North Carolina law only requires providers to report abuse or neglect when caused by a parent or caretaker.<sup>7</sup> Providers must also report to state law enforcement if a minor is the victim of a violent<sup>8</sup> or sexual offense<sup>9</sup> caused by anyone.

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

Health care providers should inform adolescent patients about what constitutes reportable child abuse prior to talking to them about care when possible. 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.

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**Statutory rape: If a provider does need to report a statutory rape<sup>10</sup>, the fact that the patient attempted to end the pregnancy is not relevant to the investigation.**

North Carolina requires all health care providers to report sexual offenses against minors, which includes statutory rape. Sexual intercourse with someone under 16 is not statutory rape if the older person is within four years of age.<sup>11</sup> Minors under age 12 cannot be charged with statutory rape.<sup>12</sup> Health care providers should inform adolescent patients about what constitutes reportable sexual conduct prior to talking to them about care where possible.

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

Health care providers in North Carolina must notify the police when they treat certain wounds or conditions. Reporting requirements include gunshot wounds, illness caused by poisoning, and stab wounds that the provider believes were the result of a criminal act.<sup>13</sup> Providers are also required to report to police any wound or illness that causes “grave bodily harm<sup>14</sup>” if the provider believes they were caused by a violent criminal act. Self-managed abortion is not a criminal act for a pregnant person in North Carolina. Providers also must report any non-accidental recurring illness in or serious injury to a minor.<sup>15</sup> 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 a reportable injury prior to talking to them about care where possible. Additionally, the requirement to notify law enforcement about reportable injuries is not the same as allowing 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.<sup>16</sup>

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

North Carolina’s definition of child abuse does not include prenatal substance exposure, and providers are not otherwise required to report substance use during pregnancy in North Carolina.

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

Under North Carolina law, there is no duty to warn a third party when a patient makes a threat of harm against themselves or others. If a patient indicates they may engage in an unsafe method of self-managed abortion, there are clinical interventions<sup>17</sup> that support patient safety without a report.

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**Abortion:<sup>18</sup> It is never necessary to report a patient's intention to self-manage an abortion.**

Under North Carolina law, a physician who performs an abortion must report non-identifying information about each abortion to the Department of Health and Human Services.<sup>19</sup> The intent to self-manage – or the event of self-managing – is not information a physician is required to provide under state law. Providers are also required to report adverse events following an abortion.<sup>20</sup> If an exception to the state's abortion ban applies, providers must document and report the details of the exception.<sup>21</sup>

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**Fetal death: Under the current definition of "fetal death," providers do not have to report abortions.<sup>22</sup>**

Providers must report fetal deaths that 1) occur at or after 20 weeks gestational age to the registrar within 10 days of the fetal death.<sup>23</sup> 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. Unattended fetal deaths after 20 weeks must be reported to the medical examiner.<sup>24</sup>

## 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.<sup>25</sup> 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 North Carolina involving or potentially involving law enforcement that is not covered on this sheet, please contact [info@ifwhenhow.org](mailto:info@ifwhenhow.org).
2. N.C. Gen. Stat. § 90-21.81A criminalizes the provision of abortions that are not permitted under North Carolina's 12-week abortion ban. This would apply to abortions that do not fall into an exception to the ban.
3. A child/minor/juvenile is someone under 18 years of age. N.C. Gen. Stat. § 7B-101(1).

## Citations

4. A disabled/vulnerable adult is “any person 18 years of age or over or any lawfully emancipated minor who is present in the State of North Carolina and who is physically or mentally incapacitated due to an intellectual disability, cerebral palsy, epilepsy or autism; organic brain damage caused by advanced age or other physical degeneration in connection therewith; or due to conditions incurred at any age which are the result of accident, organic brain damage, mental or physical illness, or continued consumption or absorption of substances.” N.C. Gen. Stat. § 108A-101(d).
5. N.C. Gen. Stat. § 14-318.6.
6. Code of Ala. § 38-9-8(a).
7. “Any parent of a child less than 16 years of age, or any other person providing care to or supervision of such child, who inflicts physical injury, or who allows physical injury to be inflicted, or who creates or allows to be created a substantial risk of physical injury, upon or to such child by other than accidental means is guilty of the Class A1 misdemeanor of child abuse.” N.C. Gen. Stat. § 14-318.2. Though this statute refers to a child under 16, the other definitions of abuse referenced all include a child under 18. See N.C. Gen. Stat. § 7B-101.
8. “Violent offense. — Any offense that inflicts upon the juvenile serious bodily injury or serious physical injury by other than accidental means. This term also includes the following: an attempt, solicitation, or conspiracy to commit any of these offenses; aiding and abetting any of these offenses.” N.C. Gen. Stat. § 14-318.6(a)(5).
9. See N.C. Gen. Stat. § 14-208.6(5) for list of offenses.
10. Statutory rape is the crime of having sexual intercourse with someone who is under the age of consent. In North Carolina, minors under age 16 are legally unable to consent to sex. See N.C. Gen. Stat. § 14-27.23 to § 14-27.25.
11. N.C. Gen. Stat. § 14-27.30(b).
12. *Id.*
13. N.C. Gen. Stat. § 90-21.20(b).
14. *Id.* “Grave bodily harm” is not further defined in the statutes.
15. *Id.* at (c1).
16. Working Group on Policing and Patient Rights, *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 27, 2024).
17. 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.

## Citations

18. North Carolina defines abortion to include both surgical and medical abortion. Medical abortion is “[t]he use of any medicine, drug, or other substance intentionally to terminate the pregnancy of a woman known to be pregnant with an intention other than to do any of the following: a. Increase the probability of a live birth. b. Preserve the life or health of the child. c. Remove a dead, unborn child who died as a result of (i) natural causes in utero, (ii) accidental trauma, or (iii) a criminal assault of the pregnant woman or her unborn child which causes the premature termination of the pregnancy. d. Remove an ectopic pregnancy.” Surgical abortion is “[t]he use or prescription of any instrument or device intentionally to terminate the pregnancy of a woman known to be pregnant with an intention other than to do...” the same list as above. N.C. Gen. Stat. § 90-21.81(4e) and (9b).
19. N.C. Gen. Stat. § 90-21.93(a).
20. N.C. Gen. Stat. § 90-21.93.
21. N.C. Gen. Stat. § 90-21.81C.
22. North Carolina defines fetal death as “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.” 10A N.C.A.C. 41H.0102(6).
23. N.C. Gen. Stat. § 130A-114.
24. N.C. Gen. Stat. § 130A-115(e).
25. *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.