

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

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 Oklahoma 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

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 Oklahoma¹

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

Oklahoma health care providers are not required to report crimes other than (1) child abuse or neglect (including physical injury to a young person under 18 by anyone), (2) vulnerable adult abuse or neglect, and (3) certain results of crimes (such as injuries and overdoses as described elsewhere in this fact sheet).

Child and vulnerable adult abuse: A minor³ or vulnerable adult self-managing an abortion is not ordinarily reportable as abuse.

Legal requirements for child and vulnerable adult abuse are fraught with bias, in particular toward families with lower incomes and families of color. However, all health care providers in Oklahoma who have “reason to believe” a young person under 18 or vulnerable adult is experiencing abuse or neglect must report this to the Department of Human Services hotline.⁴ 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.

Have more questions? Reach out to request technical assistance.

Under Oklahoma law, a pregnant person under 18 presenting to a provider is not considered grounds for reasonable suspicion of abuse or neglect⁵ unless the provider has reason to believe the patient has been sexually abused by an adult caretaker or household member, as discussed below. Statutory rape would also only be reportable if the patient was engaging in sex with an adult caretaker or household member.⁶

Health care providers should inform young people under 18 about what constitutes reportable child abuse prior to talking to them about care. 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 rape, the fact that the patient attempted to end the pregnancy is not relevant to the investigation.

Oklahoma requires all health care providers to report statutory rape as child abuse only when it is perpetrated by an adult caretaker or other adult household member.⁷ In Oklahoma, statutory rape means sex with anyone under age 14, or sex between anyone age 14-16 years old and anyone over 18 years old.⁸ Statutory rape does not apply where a sexual partner was the minor's spouse.⁹ Health care providers should inform young patients under 18 about what constitutes reportable sexual conduct prior to talking to them about care where possible, including letting them know that they do not need to report consensual sex between young people.

Human trafficking, rape, incest, and sexual abuse:

Health care providers are not required to report adult trafficking, rape, or incest, but they may need to report resulting injuries, as described below. Providers are also not required to report domestic violence or sexual assault in Oklahoma unless the victim requests a report.¹⁰ However, if a health care provider has reason to believe that a child is experiencing sexual abuse or exploitation specifically by (1) a caretaker, (2) an adult member of their household, or (3) any adult "allowing, permitting, encouraging, or forcing a child to engage in prostitution," the provider may be required to report this as child abuse.¹¹ Providers with reason to believe that a person is engaging in child labor or sex trafficking must separately report it to the Bureau of Narcotics and Dangerous Drugs Control.¹²

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

Oklahoma health care providers must report burns, drownings, near-drownings, traumatic brain injuries, traumatic spinal cord injuries, and poisonings that include toxic and adverse effects, to law enforcement.¹³ Though most people self-manage 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. However, Oklahoma law does not indicate that patient-identifying information or circumstances of an injury must be reported;¹⁴ accordingly, it is a violation of patient confidentiality to divulge the reason behind the injury - that is, the attempt to induce abortion.

Overdoses and drug use during pregnancy:

Providers that prescribe or provide controlled substances must make de-identified reports of overdoses to the State Bureau of Narcotics and Dangerous Drugs Control, a law enforcement agency. Medical examiners must report fatal overdoses along with a patient's name and date of birth. If a patient overdoses in an attempt to end their pregnancy, the provider is not required to include information about the intention behind the overdose in the report. Providers have sole discretion to determine that a drug overdose occurred.

A patient's use of a criminalized drug or unauthorized use of controlled substances during pregnancy post-viability is considered criminal child neglect and is reportable.¹⁵ However, a patient's use of prescribed or otherwise-authorized use of a controlled substance during pregnancy, including medical marijuana, is *not* reportable neglect.¹⁶ Separately, providers must notify the Department of Human Services when 1) a born infant - not the pregnant person - tests positive for alcohol or any controlled substance (prescribed or not) or is diagnosed with Neonatal Abstinence Syndrome or Fetal Alcohol Spectrum Disorder and 2) when an infant is born affected by substance abuse during pregnancy or withdrawal symptoms from an illegal substance.¹⁷

Self-harm:

Mental health providers¹⁸ are required to seek a patient's involuntary commitment if they present a "clear and present danger" to themselves due to mental illness or addiction.¹⁹ A patient who informs a mental health provider of their intent to self-manage an abortion does not present this risk unless they clearly intend to self-manage through significant self-harm tied to a mental illness or addiction.

As there is significant discretion involved in this statute, providers may be able to mitigate the risk of self-harm before taking further action by, for example, ensuring a pregnant person understands that abortion is legal in the neighboring states of Kansas and Missouri, and that travel to those states for abortion care is legal. Oklahoma 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.

Oklahoma health care providers have a variety of abortion reporting requirements. There is a general report for all abortions,²⁰ reporting specific to medication abortions,²¹ reporting for abortion complications,²² reporting for serious adverse events,²³ and reporting for biased informed consent requirements.²⁴ Providers are also required to report when a patient chooses *not* to have an abortion after undergoing biased counseling or parental notification.²⁵

Fetal death: Providers in Oklahoma must report stillbirths occurring after 12 weeks gestation.²⁶

Providers who attend a stillbirth, also referred to as a fetal death, must prepare and file a stillbirth certificate with the registrar within 3 days of delivery of a fetus at or after 12 weeks gestational duration.²⁷ The statute related to fetal death reporting does not contemplate abortions or abortion reporting. Accordingly, providers do not need to report instances of fetal death resulting from self-managed abortion. It is not a crime to fail to report a fetal death, but it is a felony to knowingly include false information in the death certificate, provide false information to someone who is filing the certificate, or to conceal a material fact in the context of filing the certificate.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.²⁹ 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 care³⁰ 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 Oklahoma involving or potentially involving law enforcement that is not covered on this sheet, please contact info@ifwhenhow.org.

Citations

2. Although a 2024 law, Okla. Stat. tit. 63 § 1-733, prohibits self-management of an abortion, this is not a criminal statute and does not make self-management a crime. In August 2022, Oklahoma’s Office of the Attorney General specifically stated that “Oklahoma laws prohibiting abortion do not allow for the prosecution or punishment of any mother for seeking or obtaining an abortion,” and that this is a “clear instance[] where prosecution[] should not be initiated.” Okla. Office of the Att’y Gen., *Opinion Letter on Law Enforcement after Dobbs v. Jackson Women’s Health Org.* (Aug. 31, 2022), <https://tinyurl.com/4ex5vz8>. The Attorney General recently affirmed this guidance in November 2023. Okla. Office of the Att’y Gen., *Opinion Letter on Law Enforcement after Dobbs v. Jackson Women’s Health Org. and Subsequent Oklahoma Cases* (Nov. 21, 2023), <https://tinyurl.com/3f2bp7bf>.
3. Minor and child are used interchangeably to refer to young people under age 18.
4. Okla. Stat. tit. 10A § 1-2-101; Okla. Stat. tit. 43A § 10-104.
5. Oklahoma’s relevant definition of abuse does include sexual abuse or sexual exploitation. However, “abuse” is legally limited to actions by adult caretakers and anyone over age 18 who lives with the child, or in the case of sexual exploitation, anyone over age 18. Okla. Stat. tit. 10A § 1-1-105.
6. Okla. Stat. tit. 10A § 1-1-105.
7. “‘Person responsible for a child’s health, safety, or welfare’ includes a parent; a legal guardian; custodian; a foster parent; a person eighteen (18) years of age or older with whom the child’s parent cohabitates or any other adult residing in the home of the child; an agent or employee of a public or private residential home, institution, facility or day treatment program as defined in Section 175.20 of Title 10 of the Oklahoma Statutes; or an owner, operator, or employee of a child care facility as defined by Section 402 of Title 10 of the Oklahoma Statutes.” Okla. Stat. tit. 10A § 1-1-105.
8. Okla. Stat. tit. 21 § 1111; Okla. Stat. tit. 21 § 45-1114.
9. Okla. Stat. tit. 21 § 45-1114.
10. Okla. Stat. tit. 22 § 58 (domestic violence); Okla. Stat. tit. 22 § 40.3A (sexual assault). While these laws specifically state that HCPs do not need to report domestic violence and sexual assault for people over 18 years old, there is no general reporting requirement for people under 18 years old. *See supra* notes 5–7 and accompanying text (child physical and sexual abuse reporting requirements are limited to actions by adult caretakers and anyone over age 18 who lives with the child, or in the case of sexual exploitation, anyone over age 18).
11. Okla. Stat. tit. 10A § 1-1-105.
12. Okla. Stat. tit. 21 § 870; Okla. Stat. tit. 21 § 748.
13. O.A.C. § 310:515-1-4.

Citations

14. It is unclear what specific information is required, or if the Department of Health provides a standard reporting form. Oklahoma requires providers to report unspecified “patient identifiers, demographics, and contact information” for diseases under the same statute, O.A.C. § 310:515-1-4, but it does not require this information for injuries, which are classified separately from diseases. *See* O.A.C. § 310:515-1-2.

15. Okla. Stat. tit. 10A § 1-1-105.2; *see also State v. Green*, 474 P.3d 886, 893 (Okla. Crim. App. 2020). It does not matter if the fetus is unharmed. *See State v. Allen*, 492 P.3d 27 (Okla. Crim. App. 2021).

16. *State v. Aguilar*, No. S-2023-575, 2024 LEXIS 17, at *6 (Okla. Crim. App. 2024) (declining to apply child neglect laws where a pregnant person’s use of a controlled substance was legal, and specifically where the pregnant person used marijuana under a medical license).

17. Okla. Stat. tit. 10A § 1-2-101; Okla. Stat. tit. 10A § 1-1-105(47) (defining neglect).

18. The statute captures a wider set of mental health providers:

“2. ‘Psychologist’ means a person who represents himself or herself to be a psychologist by using any title or description of services incorporating the words ‘psychology’, ‘psychological’, or ‘psychologist’, or by offering to the public or rendering. . .services defined as the practice of psychology.

3. ‘Practice of psychology’ means the observation, description, evaluation, interpretation, and modification of human behavior by the application of psychological principles, methods, and procedures, for the purpose of preventing or eliminating symptomatic, maladaptive, or undesired behavior and of enhancing interpersonal relationships, work and life adjustment, personal effectiveness, behavioral health, and mental health. The practice of psychology. . .includes, but is not limited to, psychological testing and the evaluation or assessment of personal characteristics, such as intelligence, personality, abilities, interests, aptitudes, and neuropsychological functioning; counseling, psychoanalysis, psychotherapy, hypnosis, biofeedback, and behavior analysis and therapy; diagnosis and treatment of mental and emotional disorder or disability, alcoholism and substance abuse, disorders of habit or conduct, as well as of the psychological aspects of physical illness, accident, injury, or disability; and psychoeducational evaluation, therapy, remediation, and consultation. Psychological services may be rendered to individuals, families, groups, and the public.” Okla. Stat. tit. 59 § 1352 (emphasis added).

19. Okla. Stat. tit. 59 § 1376(3).

Citations

20. Physicians who perform abortions are required to report each abortion to the Department of Health on the final business day of the next month using the Individual Abortion Form. O.A.C. § 310:667-19-2; State of Oklahoma, *Oklahoma Individual Abortion Reporting Form (2021)*, https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/data-and-statistics/center-for-health-statistics/induces-termination-of-pregnancy/02%2011.1.21%20HCI_ITOP_IndividualAbortionForm_2021.pdf.

21. (1) Hospitals or facilities providing abortion medication must report each abortion performed in a given month to the Department of Health by the 15th day of the following month. Okla. Stat. tit. 63 § 1-756.8.

(2) Physicians who provide abortions or treat post-abortion complications must also provide a yearly report of the number of patients seen for medication abortions, their age, race, county, state, country, medication used and date used, and “unresolved cases” to the State Board of Medical Licensure and Supervision and the State Board of Osteopathic Examiners. Okla. Stat. tit. 63 § 1-757.9.A. “Unresolved cases” does not have a definition under Oklahoma law.

22. (1) Physicians who encounter an illness or injury that appears related to an abortion must report the complication in a Complications of Induced Abortion Report. The report must be submitted to the Department of Health within 60 days of encountering a patient with an abortion-related illness or injury. Okla. Stat. tit. 63 § 1-738; State of Okla. Dep’t of Health, *Complications of Induced Abortion Report*, <https://oklahoma.gov/content/dam/ok/en/health/health2/documents/hci-itop-complicationsinducedabortionreport.pdf> (last accessed May 29, 2025).

(2) A physician who provides abortion medication to a patient must report to the drug manufacturer in writing within 60 days of learning that the patient experienced an incomplete abortion, severe bleeding, adverse reaction, hospitalization, transfusion, or other “serious” complication within 1 year of treatment. Physicians must provide a copy of the report to their state licensing board. Okla. Stat. tit. 63 § 1-729a.H.

(3) Physicians providing abortion medication must report complications and adverse events related to medication abortions in writing to their licensing board, as well as the State Board of Pharmacy and the FDA’s Medwatch Reporting System. Okla. Stat. tit. 63 § 1-757.9.D-F.

Citations

23. (1) Abortion facilities must report every patient or living child's injury at the facility resulting in a serious risk of substantial impairment. The facility must report in writing to the State Board of Health within 10 days of the injury, as well as to any applicable professional licensing and regulatory boards for relevant HCPs. If a patient dies (not including a fetus), the report must be made the next business day. Okla. Stat. tit. 63 § 1-748.G.

(2) Providers that provide abortion medication to patients in Oklahoma must report deaths associated with abortion medication to the State Board of Pharmacy, the physician's state licensing board, and the FDA. The report must be made within 15 days of learning of the death and include the serial number from each abortion medication used. Okla. Stat. tit. 63 § 1-757.7.

24. Physicians must report the number of patients they provided with state-mandated information, the number of patients who obtained a copy of the printed information, and the number of abortions performed by the physician where the information was not provided at least 3 days in advance due to a medical emergency, regardless of gestational age. This must be submitted by February 28th each year, covering the prior calendar year, to the Department of Health's Health Care Information Division. Okla. Stat. tit. 63 § 1-738.13; State of Okla. Dep't of Health, *Unborn Child Pain Awareness Prevention Act Physician Reporting Form*, https://osdhsdc.az1.qualtrics.com/jfe/form/SV_4NkeWCseKqMN4xL (last accessed May 29, 2025).

25. Oklahoma law requires physicians who perform abortions to report when they ultimately do *not* perform an abortion after providing state-mandated information to a patient or notifying a minor's parent. Physicians must report to the Department of Health using the Individual Abortion Form on the final business day of the next month. Okla. Stat. tit. 63 § 1-738k.C.

26. Okla. Stat. tit. 63 § 1-301 ("Stillbirth' or 'stillborn child' means a fetal death... 'Fetal death' means death prior to the complete expulsion or extraction from its mother of a product of human conception after the fetus has advanced to or beyond the twelfth week of uterogestation...."); State of Okla. Dep't of Health, *Birth Certificates*, <https://oklahoma.gov/health/services/birth-and-death-certificates/birth-certificates.html> (last accessed May 29, 2025).

27. Okla. Stat. tit. 63 § 1-318; Okla. Stat. tit. 3 § 1-301.

28. Okla. Stat. tit. 63 § 1-324.1. The unprofessional conduct penalty is applicable only to omissions and false information related to a death by suicide. *See id.*; Okla. Stat. tit. 63 § 1-317.E.

Citations

29. 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.