

# Mandatory Reporting Requirements, Law Enforcement, and Patient Confidentiality in Washington State

**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, providers know that in some cases, 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 that are in Washington state laws. 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 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 Washington State<sup>1</sup>

---

### Crime: Self-managed abortion is not a crime.

Washington state health care providers are required to report if they witness the commission of a felony.<sup>2</sup> It is highly unlikely that health care providers will ever witness the actual commission of a felony itself (e.g., an active shooting or stabbing), but rather its aftermath. Though health care providers may be required to report injuries or circumstances with which a person who has self-managed an abortion might present (explained below), they are not required to report self-managed abortion.<sup>3</sup>

---

### Child and vulnerable adult abuse: A young person or vulnerable adult self-managing an abortion is not ordinarily reportable as abuse.<sup>4</sup>

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 Washington state are required to report abuse and neglect of children and vulnerable adults. All health care providers in Washington state who have a “reasonable cause to believe that a child has suffered abuse or neglect” are legally obligated to report such suspicions to the Washington Department of Health & Human Services or to law enforcement.<sup>5</sup>

---

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

Washington state health care providers are also mandatory reporters for statutory rape and sexual conduct with minors when that sexual contact causes harm to the young person's health, welfare, or safety, but note that statutory rape reporting for individuals 16 and older only applies in very limited circumstances.<sup>6</sup> In the case of vulnerable adults, Washington state health care providers are mandatory reporters for suspected vulnerable adult abuse and neglect.<sup>7</sup> Any health care provider with "reasonable cause to believe that abandonment, abuse,<sup>8</sup> financial exploitation, or neglect of a vulnerable adult<sup>9</sup> has occurred" must report the crime to the Department of Social and Health Services.<sup>10</sup> 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, since self-managed abortion does not in and of itself constitute abuse and neglect. However, if someone forces a minor or vulnerable adult to have an abortion, that is likely reportable as child abuse or vulnerable adult abuse.

---

**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.**

Washington state requires all health care providers to report statutory rape and certain sexual misconduct as child abuse.<sup>11</sup> Consensual sexual relationships are not typically reportable in Washington unless there is a significant gap in age between the individuals engaging in sex. Nonconsensual sexual relationships are always reportable.<sup>12</sup> Sexual misconduct reporting for minors aged 16 and 17 is limited to specific supervisory, school, or foster relationships and power imbalances<sup>13</sup> where there are five or more years of age between the perpetrator and victim. For younger minors, the following constitutes statutory rape: sex with someone 14 or 15 when there are four or more years of age difference between the two parties; sex with someone under 12 or 13 when there are 3 or more years of age difference between the two parties; and if the victim is under 12, sex with anyone 2 or more years older.<sup>14</sup> Health care providers must report statutory rape only if they have reasonable cause to believe it occurred and are aware of the age of the minor's partner.<sup>15</sup> The age of a young person's sexual partner is rarely clinically significant to care provision. 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 generally not a reportable injury.**

In Washington state, there is an institutional reporting requirement to law enforcement when hospitals treat bullet wounds, gunshot wounds, and stab wounds.<sup>16</sup>

---

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 stab them in the stomach in order to induce a miscarriage. Depending on the severity of the injury, Washington law may require a provider to report that injury. However, it is a violation of patient confidentiality to divulge the reason behind the injury – that is, the attempt to induce abortion.

---

### **Overdoses and substance use during pregnancy: Washington state does not require overdose or substance use reporting.**

Drug or alcohol use during pregnancy is not child abuse under Washington state law. Therefore, medical providers are not required to report drug or alcohol use during pregnancy, and doing so is likely to harm the patient and their family.<sup>17</sup>

---

### **Self-harm: Washington state generally does not require reports of self-harm.**

Washington does not have a general requirement to report self-harm, though providers may be required to report some self-harm under the injury reporting requirements. Note that indicating an intention to use abortion pills, which have an excellent medical safety record, would not qualify under the law as a plan to self-harm. For patients who are suicidal or at risk of self-harm because of their pregnancy, providers may be able to address the risk by ensuring that the patient has the appropriate resources to discontinue the pregnancy.

---

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

Washington state facilities are required to report abortion data to the Department of Health monthly.<sup>19</sup> The intention to self-manage - or the event of self-managing - is not information a physician is required to provide under state law.

---

### **Fetal death: Health care providers must report certain fetal deaths; abortions and self-managed abortions are explicitly excluded from this requirement.<sup>20</sup>**

A provider who attends a fetal death must prepare a fetal death certificate when a fetus weighs more than 350 grams or is older than 20 weeks gestational duration.<sup>21</sup> Health care providers are not required to report miscarriages unless they qualify for a report under the fetal death statute.

---

If a fetal death occurs without medical attendance, a “funeral director, funeral establishment, or person having the right to control the disposition of the human remains” must provide “the report of death to the medical certifier[.]”<sup>22</sup> Patients who have a post 20-week miscarriage without medical attendance may report the death to a health care provider who can serve as a medical certifier, and have the right to control the disposition of remains.<sup>23</sup> Coroners may only investigate a fetal death that was “caused by unlawful or suspicious circumstances,” but fetal death investigations may not be used to criminalize the person who experienced a stillbirth, miscarriage, or abortion.<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 Washington state involving or potentially involving law enforcement that is not covered on this sheet, please contact [info@ifwhenhow.org](mailto:info@ifwhenhow.org).
2. "A person who witnesses the actual commission of: (a) A violent offense as defined in RCW 9.94A.030 or preparations for the commission of such an offense; (b) A sexual offense against a child or an attempt to commit such a sexual offense; or (c) An assault of a child that appears reasonably likely to cause substantial bodily harm to the child, shall as soon as reasonably possible notify the prosecuting attorney, law enforcement, medical assistance, or other public officials. (2) This section shall not be construed to affect privileged relationships as provided by law. (3) The duty to notify a person or agency under this section is met if a person notifies or attempts to provide such notice by telephone or any other means as soon as reasonably possible. (4) Failure to report as required by subsection (1) of this section is a gross misdemeanor. However, a person is not required to report under this section where that person has a reasonable belief that making such a report would place that person or another family or household member in danger of immediate physical harm." Wash. Rev. Code § 9.69.100.
3. Health care providers must only report bullet wounds, gunshot wounds, and stab wounds. If a patient inflicted one of these wounds on themselves in pursuit of a self-managed abortion, the injury – but not the purpose behind the injury – would be reportable. Wash. Rev. Code § 70.41.440.
4. "Reasonable cause" is only present when "a person witnesses or receives a credible written or oral report alleging abuse, including sexual contact, or neglect of a child." Wash. Rev. Code § 26.44.030(1)(b)(iii).
5. Wash. Rev. Code § 26.44.030 (reporting requirement); *see also* Wash. Rev. Code § 26.44.040 (explaining content required in reports). "Abuse or neglect" means sexual abuse, sexual exploitation, female genital mutilation as defined in RCW 18.130.460, trafficking as described in RCW 9A.40.100, sex trafficking or severe forms of trafficking in persons under the trafficking victims protection act of 2000, 22 U.S.C. Sec. 7101 et seq., or injury of a child by any person under circumstances which cause harm to the child's health, welfare, or safety, excluding conduct permitted under RCW 9A.16.100; or the negligent treatment or maltreatment of a child by a person responsible for or providing care to the child. An abused child is a child who has been subjected to child abuse or neglect as defined in this section. (2) "Child" or "children" means any person under the age of eighteen years of age." Wash. Rev. Code § 26.44.020.

## Citations

6. Wash. Rev. Code § 26.44.020. Sexual abuse is defined as “committing or allowing to be committed any sexual offense against a child as defined in the criminal code.” Wash. Admin Code § 110-3-0030(3). This includes statutory rape (see the section below for more details on what constitutes statutory rape).
7. Wash. Rev. Code § 74.34.020.
8. “Abuse” means the “intentional, willful, or reckless action or inaction that inflicts injury, unreasonable confinement, intimidation, or punishment on a vulnerable adult. In instances of abuse of a vulnerable adult who is unable to express or demonstrate physical harm, pain, or mental anguish, the abuse is presumed to cause physical harm, pain, or mental anguish.” Wash. Rev. Code § 74.34.020 (version effective July 2025). Note that this statute goes further to explicitly define different types of abuse. For our purposes, physical abuse is defined as “the intentional, willful, or reckless action of inflicting bodily injury or physical mistreatment. Physical abuse includes, but is not limited to, striking with or without an object, slapping, pinching, choking, kicking, shoving, or prodding.” *Id.*
9. “Vulnerable adult” includes a person who is: “(a) Sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself; or (b) Subject to a guardianship under RCW 11.130.265 or adult subject to conservatorship under RCW 11.130.360; or (c) Who has a developmental disability as defined under RCW 71A.10.020; or (d) Admitted to any facility; or (e) Receiving services from home health, hospice, or home care agencies licensed or required to be licensed under chapter 70.127 RCW; or (f) Receiving services from an individual provider; or (g) Who self-directs his or her own care and receives services from a personal aide under chapter 74.39 RCW.” Wash. Rev. Code § 74.34.020 (version effective July 2025).
10. Wash. Rev. Code § 74.34.035.
11. Wash. Rev. Code § 26.44.030 (reporting requirement); Wash. Rev. Code § 26.44.020 (defining child abuse to include sexual abuse). Sexual abuse is defined as “committing or allowing to be committed any sexual offense against a child as defined in the criminal code.” Wash. Admin Code § 110-3-0030(3). This includes the crimes outlined in this section on statutory rape.
12. Rape and sexual assault are crimes in Washington State, and therefore reportable as child abuse when committed against a minor under 18. Wash. Rev. Code § 9A.44.040-060.
13. Wash. Rev. Code § 9A.44.093-094.
14. Wash. Rev. Code § 9A.44.079; Wash. Rev. Code § 9A.44.089 (14 or 15, 4 or more years older); Wash. Rev. Code § 9A.44.086 (12 or 13, 3 or more years older); Wash. Rev. Code § 9A.44.083 (under 12, 2 or more years older).

## Citations

15. Wash. State Dep't of Health & Hum. Servs., *Child Abuse and Neglect Reporting* (revised July 25, 2017), <https://www.dshs.wa.gov/esa/eligibility-z-manual-ea-z/child-abuse-and-neglect-reporting> ("A report of child rape to law enforcement can be made only when the department knows the age of the alleged perpetrator. We do not have to ask the age of the alleged father."). "Reasonable cause" is only present when "a person witnesses or receives a credible written or oral report alleging abuse, including sexual contact, or neglect of a child." Wash. Rev. Code § 26.44.030(1)(b)(iii).
16. "The report required under subsection (1) of this section must include the following information, if known:
  - (a) The name, residence, sex, and age of the patient;
  - (b) Whether the patient has received a bullet wound, gunshot wound, or stab wound; and
  - (c) The name of the health care provider providing treatment for the bullet wound, gunshot wound, or stab wound." Wash. Rev. Code § 70.41.440.
17. See, e.g., Imani Worthy, Tracy Serdjenian & Jeanette Vega Brown, *Trapped in the Web of Family Policing: The Harms of Mandated Reporting and the Need for Parent-Led Approaches to Safe, Thriving Families*, FIJ Quarterly 38, 39-49 (2022); see generally Dorothy E. Roberts, *Torn Apart: How the Child Welfare System Destroys Black Families -- And How Abolition Can Build a Safer World* (1st ed. 2022).
18. Abortion means "any medical treatment intended to induce the termination of a pregnancy except for the purpose of producing a live birth." Wash. Rev. Code § 9.02.170(1).
19. "Each hospital and facility where lawful induced abortions are performed during the first, second, or third trimester of pregnancy shall, on forms prescribed and supplied by the secretary, report to the department during the following month the number and dates of induced abortions performed during the previous month, giving for each abortion the age of the patient, geographic location of patient's residence, patient's previous pregnancy history, the duration of the pregnancy, the method of abortion, any complications, such as perforations, infections, and incomplete evacuations, the name of the physician or physicians performing or participating in the abortion and such other relevant information as may be required by the secretary. All physicians performing abortions in nonapproved facilities when the physician has determined that termination of pregnancy was immediately necessary to the meet [sic] a medical emergency, shall also report in the same manner, and shall additionally provide a clear and detailed statement of the facts upon which he or she based his or her judgment of medical emergency." Wash. Admin. Code § 246-490-100.
20. Wash. Rev. Code § 70.58A.010 (excluding "induced termination of pregnancy" from the definition of "fetal death," where "induced termination of pregnancy" is defined as: "the purposeful interruption of an intrauterine pregnancy with an intention other than to produce a live-born infant, and which does not result in a live birth").

## Citations

21. Wash. Rev. Code § 70.58A.010. The “person having the right to control the disposition of the human remains” is the one who must file the certificate of fetal death with the local registrar where the death occurred within three business days. Wash. Rev. Code § 70.58.160.
22. Wash. Rev. Code § 68.50.160. Medical certifiers include “allopathic and osteopathic physicians, physician assistants, advanced registered nurse practitioners, chiropractors, coroners and medical examiners.” Washington Department of Health Center for Health Statistics, Guideline: Completion of Death Certificates (Number: CHS D-10), <https://doh.wa.gov/sites/default/files/legacy/Documents/6000/CHSD10.pdf> (effective Feb. 23, 2017).
23. Wash. Rev. Code § 68.50.160(e).
24. See S.B. 5093, 2025 Leg., 69th Sess. (Wash. 2025) (effective July 27, 2025).
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://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.