

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

Note: This resource is up to date as of January 2026.

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 Indiana 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, 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 HIPAA or state laws on medical privacy.

Major Mandatory Reporting Requirements in Indiana¹

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

Indiana providers are only required to report (1) child abuse or neglect, (2) vulnerable adult abuse or neglect, (3) certain injuries, and (4) certain abortion complications.

Child and vulnerable adult abuse: A minor³ or vulnerable adult⁴ 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 Indiana 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. Indiana law requires providers to report⁵ to the Department of Child Services when they have cause to suspect that a minor⁶ is experiencing abuse or neglect from a parent, guardian, or legal custodian⁷. Providers must also report a vulnerable adult who is experiencing abuse or neglect to Adult Protective Services or to the police.

Have more questions? Reach out to request technical assistance.

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 Indiana law, encountering a minor who is pregnant would not automatically trigger a report. However, if the minor is under age 15 and the provider has cause to suspect that the patient was impregnated by an adult, a report is required.⁸ Health care providers should inform adolescent 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.

Providers in Indiana are required to report sexual offenses against minors as abuse;⁹ this includes statutory rape.¹⁰ The age of consent in Indiana is 16.¹¹ It is an affirmative defense to a statutory rape charge if the adult is under 21, within 4 years of age of the minor, and they have a dating relationship or other “ongoing personal relationship.”¹² Providers are not generally required to report if both parties are minors (under age 18), however, sexual activity with anyone younger than 14 is always a crime in Indiana. It is unclear whether or not the legislature intended to punish sexual contact even when the minor's partner is close in age. In general, unless providers know the age of the patient's partner, they lack the information required to make a report. The age of a minor'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 not a reportable injury.

Indiana providers are required to report to law enforcement when they treat injuries that result from the discharge of firearms,¹³ serious wounds from sharp objects,¹⁴ injuries from explosive devices,¹⁵ and serious burns.¹⁶ Self-managed abortion is not a criminal act for a pregnant person in Indiana. 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 for providers to notify law enforcement about 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.¹⁷

Overdoses and drug use during pregnancy: Certain health care providers are required to report overdoses. There are limited circumstances requiring a report following substance use during pregnancy.¹⁸

Emergency medical responders that administer an overdose intervention drug or are called to the scene after an intervention drug has been administered have to report it to the ambulance service.¹⁹

Indiana's definition of child abuse and neglect includes infants impacted by prenatal drug exposure.²⁰ Providers are required to report to the Department of Child Services when an infant is diagnosed with fetal alcohol syndrome, neonatal abstinence syndrome, or tests positive for any amount of a prescription drug or controlled substance in their body.²¹ Providers are also required to report if a child has an injury, abnormal development, withdrawal symptoms, or high risk of having a life-threatening condition that is caused by or worsened by their parent's use of drugs or alcohol during pregnancy.²² Providers do not have to report if the child's condition or the presence of a substance in their body is due to their parent taking prescribed medications as directed.²³

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

Action is required if a patient communicates to a mental health provider "an actual threat of physical violence or other means of harm against a reasonably identifiable victim or victims, or evidences conduct or makes statements indicating an imminent danger that the patient will use physical violence or use other means to cause serious personal injury or death to others." In these two cases, the provider has a duty to warn or take reasonable precautions to provide protection from violent behavior or other serious harm.²⁴ The duty is discharged if the provider makes reasonable attempts to 1) communicate the threat to the victim or to law enforcement, 2) civilly commit their patient, 3) prevent the patient from committing the act of violence until law enforcement arrives, or 4) report the threat to another provider who is designated by an employer with the duty to warn.²⁵ 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. Indiana law does not require providers to report a patient's intent to self-manage an abortion as a threat to another person.²⁶

Abortion: It is generally not necessary to report a patient’s intention to self-manage an abortion.²⁷

Providers are required to report all procedural and medication abortions that they provide to the Department of Health within 30 days of the abortion.²⁸ If the patient is under 16 years of age, then the provider must report within 3 days²⁹ of the abortion.³⁰ Providers are also required to report abortion complications³¹ within 30 days of providing treatment,³² and a new report needs to be made for any subsequent complications.³² The complications reporting form does ask about whether medications were acquired from an online source. However, patients are not required to answer. Providers that work in reproductive health care facilities³³ are also required to report abortion coercion to law enforcement.³⁴³⁵

Fetal death: Under the current definition of “fetal death,”³⁶ providers do not have to report abortions.

Providers that attend a fetal death that occurs after 20 weeks of gestation must report it to the local health officer.³⁷ If a fetal death is unattended, and the provider last in attendance is unable to sign the fetal death certificate, then a local health officer will be responsible for certifying the death.³⁸ 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.

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.³⁹ 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. It also does not include reporting requirements specific to long-term care facilities. 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 Indiana involving or potentially involving law enforcement that is not covered on this sheet, please contact info@ifwhenhow.org.
2. "It is a defense to any crime involving the death of or injury to a fetus that the defendant was a pregnant woman who committed the unlawful act with the intent to terminate her pregnancy." Ind. Code Ann. § 35-41-3-12(a).
3. A child/minor is a person under 18 years of age. Ind. Code Ann. § 31-9-2-13.

Citations

4. A vulnerable adult, also known as an endangered adult in Indiana, is “an individual who is: (1) at least eighteen (18) years of age; (2) incapable by reason of mental illness, intellectual disability, dementia, or other physical or mental incapacity of managing or directing the management of the individual’s property or providing or directing the provision of self-care; and (3) harmed or threatened with harm as a result of: (A) neglect; (B) a battery offense...; or (C) exploitation of the individual’s personal services or property.” Ind. Code Ann. § 12-10-3-2(a).
5. Ind. Code Ann. § 31-33-5-4.
6. Abuse and neglect includes, but is not limited to, serious physical or mental harm due to: lack of access to resources; acts/omissions of the parent or guardian; being subject to crimes of a sexual nature; or when an infant has been affected by prenatal drug or alcohol exposure. See Ind. Code Ann. §§ 31-34-1-1 to -5, -10, -11. A lack of access to resources due to poverty does not, on its own, constitute neglect.
7. In most cases, reporting is only required when a parent/guardian is involved, but providers are required to report all crimes of a sexual nature involving the minor. Ind. Code Ann. § 31-34-1-3.
8. Ind. Code Ann. § 16-34-2-1.1(a)(1)(j). An “adult” is defined as a person who is at least 18 years of age. Ind. Code Ann. § 1-1-4-5(a)(1).
9. Ind. Code Ann. § 31-34-1-3(a)(1).
10. Ind. Code Ann. § 31-34-1-3(a)(1)(l).
11. Ind. Code Ann. § 35-42-4-9(a).
12. Ind. Code Ann. § 35-42-4-9(e).
13. Ind. Code Ann. § 35-47-7-1.
14. Ind. Code Ann. § 35-47-7-1.
15. Ind. Code Ann. § 35-47-7-5.
16. Reports for burn injuries go to the fire marshall. Ind. Code Ann. § 35-47-7-3.
17. Working Grp. on Policing and Patient Rts., *Police in the Emergency Department: A Medical Provider Toolkit for Protecting Patient Privacy* (2021), <https://perma.cc/T8QF-PGY8>.
18. Read more in If/When/How’s Resource on prenatal and infant drug testing: *Prenatal Drug Exposure: CAPTA Reporting Requirements for Medical Professionals* (May 2025).
19. Ind. Code Ann. § 16-31-3-23.7.
20. Ind. Code Ann. § 31-9-2-133(a)(1)(B), (C).
21. Ind. Code Ann. § 31-33-5-1. The word “report” is used here because the statute broadly includes prenatal exposure under the umbrella of abuse/neglect. However, Indiana DCS guidance is clear that parental substance use alone does not substantiate abuse/neglect. So a “report” under the listed circumstances should be received by DCS as a notification and not a child abuse/neglect report. See Ind. Dept. of Child Servs., Child Welfare Pol’y: *Drug Screening in Assessments* (May 2022), <https://perma.cc/SB5X-ZQND>.

Citations

22. Ind. Code Ann. § 31-34-1-10(1).
23. Ind. Code Ann. § 31-34-1-11(1).
24. Ind. Code Ann. § 31-34-1-12, -13.
25. Ind. Code Ann. §§ 34-30-16-1, -2.
26. Ind. Code Ann. §§ 34-30-16-1, -2.
27. Abortion is defined as "the termination of human pregnancy with an intention other than to produce a live birth or to remove a dead fetus. The term includes abortions by surgical procedures and by abortion inducing drugs." Ind. Code Ann. § 16-18-2-1.
28. Ind. Code Ann. § 16-34-2-5.
29. Ind. Code Ann. § 16-34-2-5(b).
30. See a list of included conditions at Ind. Code Ann. § 16-34-2-4.7.
31. 410 Ind. Admin. Code 41-2-2.
32. 410 Ind. Admin. Code 41-2-2(c).
33. Ind. Code Ann. § 16-34-6-4.
34. Abortion coercion is not further defined in the statute.
35. Ind. Code Ann. § 16-34-6-6.
36. In Indiana, a fetal death is defined as a stillbirth, or "a birth after twenty (20) weeks of gestation that is not a live birth." Ind. Code Ann. § 16-18-2-341.
37. Ind. Code Ann. § 16-37-3-3.
38. Ind. Code Ann. § 16-37-3-6.
39. *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?*, <https://perma.cc/4BUP-ZZDA> (last reviewed Dec. 28, 2022). "[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.