

# Mandatory Reporting Requirements, Law Enforcement, and Patient Confidentiality in Idaho

**Note:** This resource was last updated in April 2026.

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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 Idaho 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.

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

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### **Crime: Self-managed abortion is not a crime for abortion seekers in Idaho.**

Idaho does not have a general obligation for providers to report suspected or actual crimes. Providers are only required to report (1) child abuse and neglect and (2) vulnerable adult maltreatment, and<sup>2</sup> (3) certain injuries that may be related to crimes, such as gunshot wounds.

It is not a crime for a person to self-manage their own abortion in Idaho.

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

Idaho requires health care providers to report injuries in specific situations. Providers must make a report when they treat, or are asked to treat, a patient with an injury they have reason to believe (1) was inflicted by a firearm or (2) indicates that the patient is the victim of a crime.<sup>3</sup> Reports go to law enforcement, as soon as treatment allows.

Self-managed abortion is not a criminal act for a pregnant person in Idaho, and most people who self-manage abortions do so with abortion medication, not with firearms.

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

However, people who lack access to medication or other safe abortion care sometimes utilize methods that can cause injury, such as asking someone to punch them in the stomach in order to induce a miscarriage. In the rare circumstance where a reportable firearm wound is connected to a self-managed abortion, the health care provider does not need to disclose 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.

Note that the requirement for providers to report certain injuries does not mean that they must allow police to enter a patient's room. Allowing law enforcement into a patient's room is typically not required by law, and is often a patient privacy violation. Patients suffering from a serious injury may struggle to advocate for themselves,<sup>4</sup> and their consent to police presence is unlikely to be true informed consent.

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### **Threats of harm: Idaho does not require health care providers to report threats of self-harm.**

Mental health providers, including physicians, nurses, and social workers,<sup>5</sup> have a duty to warn when a patient (1) explicitly threatens imminent, serious physical harm to a clearly identifiable victim and (2) appears to have the intent and ability to carry out that threat.<sup>6</sup> The provider must<sup>7</sup> make a reasonable effort to warn the victim and notify law enforcement. However, if the victim is a minor, the provider must instead make a reasonable effort to warn the victim's parent or guardian and notify law enforcement.<sup>8</sup>

Idaho law does not require providers to report a patient's intent to self-manage an abortion as a threat to another person. This law also does not require providers to report a patient's threat of self-harm. If a patient indicates they may engage in self-harm via an unsafe method of self-managed abortion, providers can employ clinical interventions to support patient safety, such as ensuring the patient knows how to access a safe abortion.<sup>9</sup>

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### **Overdoses & substance use during pregnancy:<sup>10</sup> Health care providers are not required to report overdoses or substance use during pregnancy.**

Substance use during pregnancy is not reportable as child abuse or neglect in Idaho, as Idaho's child abuse and neglect laws apply to born children.<sup>11</sup> Because Idaho does not have a separate reporting requirement for substance use during pregnancy,<sup>12</sup> health care providers are not required to report this. There is no requirement in Idaho to report overdoses.

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**Child & vulnerable adult abuse: A minor<sup>13</sup> or vulnerable adult self-managing an abortion is not ordinarily reportable as abuse.<sup>14</sup>**

All health care providers in Idaho who diagnose, examine, treat, or provide counseling are mandatory reporters for suspected child abuse and neglect. Legal requirements for child abuse reporting are fraught with bias, in particular toward families of color and families struggling to make ends meet. Because a health care provider's suspicions are subjective and can often stem from bias, providers should thoroughly examine any potential bias at play when deciding whether or not a report is legally required.

Providers who have reason to believe that a child has been abused must report to the Department of Health and Welfare or law enforcement within 24 hours.<sup>15</sup> This includes child sexual abuse.<sup>16</sup> Note that Idaho law generally permits consensual sex between minors over 16. Thus, encountering a sexually active minor who is 16 or older - including a minor who is pregnant, wants an abortion, or has had an abortion - does not automatically trigger a child abuse report. Health care providers should inform adolescent patients about what sexual conduct is reportable prior to talking to them about care where possible.

Health care providers are also mandatory reporters for suspected vulnerable adult abuse. Providers who have reasonable cause to believe a vulnerable adult has been abused must report to their adult protective services provider within 24 hours.<sup>17</sup> A vulnerable adult's sexual activity is only abusive when non-consensual,<sup>18</sup> meaning that a vulnerable adult's pregnancy or abortion would not, on its own, trigger a report.

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, the fact that the patient attempted to end a pregnancy is not relevant to the investigation.**

Idaho requires all health care providers to report statutory rape<sup>19</sup> as child abuse. Minors younger than 16 cannot consent to sex in Idaho,<sup>20</sup> so a pregnancy or sexually transmitted infection in a patient under 16 would require a child abuse report. 16- and 17-year-olds cannot consent to sex with a partner who is three or more years older.<sup>21</sup>

In general, if a provider's patient is at least 16 years old, unless the provider knows the age of the patient's partner, they lack the information required to report statutory rape as child abuse.

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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.

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

Idaho has four reporting requirements related to abortions. Physicians must report all abortions they perform or attempt to perform, and separately report abortions they provide to minors, within 15 days of the end of each reporting month.<sup>22</sup> Physicians<sup>23</sup> must also report abortions provided in medical emergencies within 30 days.<sup>24</sup> All health care providers must report treating a patient for certain conditions<sup>25</sup> if the provider concludes the condition is an "abnormal" complication from an abortion.<sup>26</sup> These complication reports must occur within 90 days of the patient's last treatment.<sup>27</sup> Abortion-related reports<sup>28</sup> all go to the Department of Health and Welfare.<sup>29</sup>

Providers are not required to disclose a patient's intent to self-manage an abortion – or their history of self-managing – under state law. If a physician performs an abortion due to an incomplete self-managed abortion, or treats a patient for a complication after self-managing, the physician is not required to report this fact.

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**Fetal death: It is never necessary to report abortions as fetal deaths.**

Under Idaho law, stillbirths<sup>30</sup> (fetal deaths) of fetuses that are at least 20 weeks' gestation or 350 grams must be reported through a certificate of stillbirth.<sup>31</sup> An attending physician, physician assistant, or advance practice nurse must provide medical information for the certificate and sign it.<sup>32</sup> A mortician must file the certificate of stillbirth with the local registrar within five days of delivery.<sup>33</sup>

Idaho's definition of "stillbirth" does not contemplate abortions,<sup>34</sup> meaning that a certificate of stillbirth is never necessary after a self-managed abortion.

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## 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. 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/>.

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## Suggested Citations

Nina Dutta, If/When/How: Lawyering for Reproductive Justice, *Mandatory Reporting Requirements, Law Enforcement, and Patient Confidentiality in Idaho* (May 2026), <https://ifwhenhow.org/resources/mandatory-reporting-in-idaho/>.

If/When/How: Lawyering for Reproductive Justice. (2026, May 13). *Mandatory reporting requirements, law enforcement, and patient confidentiality in Idaho*. <https://ifwhenhow.org/resources/mandatory-reporting-in-idaho/>

## 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 Idaho involving or potentially involving law enforcement that is not covered on this sheet, please contact [info@ifwhenhow.org](mailto:info@ifwhenhow.org).
2. Idaho Code § 39-1390.
3. Idaho Code § 39-1390.
4. Working Grp. on Policing & Patient Rts., *Police in the Emergency Department: A Medical Provider Toolkit for Protecting Patient Privacy* 3, 8 (2021), <https://perma.cc/T8QF-PGY8> (“As is true in daily life, patients and providers have the right to refuse to speak with the police and to withhold their consent from searches of their person or property in the absence of a valid court order or warrant.”).
5. MHP or “mental health professional” includes psychologists and counselors, as well as physicians, nurses, and social workers. Idaho Code § 6-1901.
6. Idaho Code § 6-1902.
7. Idaho Code § 6-1903.
8. Idaho Code § 6-1903.
9. Although abortion is heavily restricted in Idaho, there are abortion funds that can help support a patient in traveling out of state to obtain an abortion at a reduced cost. If a patient intends to self-source abortion medication, providers can refer the patient to If/When/How’s Repro Legal Helpline to discuss the potential for legal risk. If providers need help finding abortion resources in Idaho, they can contact If/When/How for technical assistance by filling out this form: <https://ifwhenhow.org/learn/technical-assistance/>.
10. If/When/How offers a detailed Resource on prenatal and infant drug testing and reporting requirements. See If/When/How: Lawyering for Reproductive Justice, *Prenatal Drug Exposure: CAPTA Reporting Requirements for Medical Professionals* (Jan. 2026), <https://ifwhenhow.org/resources/prenatal-drug-exposure-capta/>.

## Citations

11. Idaho's child abuse and neglect statutes apply to born children under a definition that does not contemplate fetuses. See Idaho Code § 16-1602(10) (defining "child" as an individual who is under the age of 18 years); *Rossow v. Jeppesen*, No. 1:23-cv-00131-BLW, 2023 LX 107749, \*17-18 (D. Idaho Nov. 3, 2023) (stating that Idaho's recognition of fetuses as legal persons does not expand the definition of "child" in all statutes regarding children, and describing child abuse and neglect laws as "a system designed to protect children who are already born"). While the administrative code explicitly contemplates fetuses, doing so in a regulation regarding how the state ranks so-called child abusers in the Registry does not redefine "child" to include fetuses. See Idaho Admin. Code r. 16.06.01.563.02.a.

12. In practice, a person's use of unprescribed controlled substances during pregnancy does carry significant legal risk. Idaho has been applying its child abuse law to parents who have used drugs during pregnancy more often, post-*Dobbs*. See Kelsey Turner, *Since Dobbs, Idaho mothers increasingly accused of child abuse while pregnant*, Or. Pub. Broad. (Nov. 3, 2024), <https://perma.cc/J6RS-NC5L>. The risk of criminalization extends to unprescribed marijuana / THC, methadone, and buprenorphine. Idaho Code § 37-2705(19), (29) (scheduling "marihuana" and THC); Idaho Code §§ 37-2707(15) (scheduling methadone), 37-2709(e)(2)(i) (scheduling buprenorphine).

13. "Child" means an individual who is under the age of 18 years. Idaho Code § 16-1602(10) (defining "child").

14. "Vulnerable adult" means a person over age 18 who cannot protect themselves from maltreatment due to a disability, brain disease, inability to communicate or implement personal decisions, or "other infirmities of aging." Idaho Code § 39-5302(1)(dd) (defining "vulnerable adult").

15. Idaho Code § 16-1605(1) (child abuse and neglect reporting); Idaho Admin. Code r. 16.06.01.551.

16. Child sexual abuse is any sexual conduct or sexual exploitation that threatens or harms a child's health or welfare, including mental health. Idaho Code § 16-1602(1)(b) (defining "abused"). This includes "rape, molestation, incest, commercial sexual activity, obscene or pornographic photographing, filming or depiction for commercial purposes, human trafficking..., or other similar forms of sexual exploitation." *Id.*

17. Idaho Code § 39-5303 (vulnerable adult abuse and neglect reporting). Although this fact sheet uses the term vulnerable adult "abuse and neglect," in Idaho, this is referred to as "maltreatment." Idaho Code § 39-5302(1)(ee) (defining "maltreatment").

18. "Sexual abuse" includes sexual activity where the vulnerable adult does not consent, is not capable of consenting, is threatened, or is physically forced. Idaho Code § 39-5302(1)(z) (defining "sexual abuse").

## Citations

19. In Idaho, statutory rape is penetrative sex between a person under age 16 and a person age 18 or older, as well as sex between a 16-17 year old and a person three or more years older, where the two parties are not married to each other. Idaho Code § 18-6101(1)-(2).
20. *See* Idaho Code § 18-6101(1)-(2).
21. Idaho Code § 18-6101(1)-(2). *See also* Idaho Code § 18-1508A (sexual acts that do not include penetration are legal for 16 and 17 year olds when their sexual partner is less than five years older).
22. “Abortion” does not include identical treatment provided for miscarriage care. Idaho Code § 18-502(1).
23. The Abortion Defense Network offers a detailed summary of abortion laws in Idaho. *See generally* Abortion Def. Network, *Know Your State’s Abortion Laws: Idaho* (Oct. 2025), <https://perma.cc/K7VU-P4NW>.
24. Idaho Code §§ 18-506 (abortion reporting in criminal code), 39-261 (abortion reporting in vital statistics code), 18-609G(1) (abortion reporting for minors).
25. “Medical emergency” means a “condition that... so complicates the medical condition of a pregnant woman as to necessitate the immediate abortion of her pregnancy to avert her death or for which a delay will create serious risk of substantial and irreversible impairment of a major bodily function.” Idaho Code § 18-604(9).
26. Idaho Code § 18-609G(1). Physicians who perform abortions in Idaho must provide patients with the state’s “informed consent” materials at least 24 hours in advance of their abortion. Idaho Code § 18-609(4). This requirement is excused if an abortion is performed in a medical emergency. *Id.* Physicians who perform an abortion in a medical emergency without timely providing the state’s materials must report the medical emergency. Idaho Code § 18-609(7). An agent of the physician may also make this report. *Id.*
27. Idaho Code § 39-9503(2) (listing conditions that could trigger a report).
28. Idaho Code § 18-609(7).
29. Idaho Code §§ 39-261, 18-609(7), 39-9504(3).
30. Idaho Code § 39-260(4) (defining “stillbirth”).
31. Idaho Code § 39-260(4).
32. Idaho Code § 39-260(4)(a).
33. Idaho Code § 39-260(4).
34. Idaho Code § 39-260(4).

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## Citations

35. 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?* (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.