RESOURCE

if when how

Lawyering for Reproductive Justice

WHAT YOU NEED TO KNOW FOR PROVIDERS

Mandatory Reporting Requirements, Law Enforcement, and Patient Confidentiality in New Jersey

Note: This resource was last updated in April 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 New Jersey 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 New Jersey [1]

Crime: Self-managed abortion is not a crime for abortion seekers in New Jersey.

New Jersey health care providers are not required to report crimes other than (1) child abuse or neglect, (2) vulnerable adult abuse or neglect, and (3) certain injuries that may be the result of a specific crime (as described below).

Child & vulnerable adult abuse: A minor[2] or vulnerable adult[3] self-managing an abortion is not ordinarily reportable as abuse.

All health care providers in New Jersey who diagnose, examine, treat, or provide counseling are mandatory reporters for suspected child abuse and neglect.[4] Health care providers are also mandatory reporters for suspected vulnerable adult abuse or neglect.[5] 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.

Reportable child abuse occurs, in relevant part when a parent, guardian, or caretaker intentionally causes or allows physical injury or risk of serious harm to a child, or causes or allows sexual abuse of a child.[6]

Have more questions? Reach out to request technical assistance.

Providers must make reports to the Division of Child Protection and Permanency ("DCPP").

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.

Statutory rape: Providers are not required to report statutory rape.[7]

New Jersey does not have a reporting requirement for statutory rape. The state only requires health care providers to report sexual abuse committed or allowed by a parent, guardian, or other caretaker as child abuse, as described above.[8] Pregnancy on its own, absent other indicators of abuse, would not require a report.

Health care providers should inform adolescent patients about what constitutes reportable sexual abuse prior to talking to them about care, where possible.

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

Health care providers in New Jersey hospitals must notify both local law enforcement *and* the Division of State Police if they treat or receive a patient with a wound, burn, or other injury involving a firearm, explosive, destructive device or other weapon.[9] Providers at any health facility must notify either local law enforcement *or* the Division of State Police if they treat or receive a patient with flame burn injuries alongside specific circumstances suggesting attempted arson, or flame burn injuries alongside an admission of attempted homicide or suicide.[10]

Self-managed abortion is not a criminal act for a pregnant person in New Jersey. 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.

Note that the requirement for providers to report certain injuries or illnesses 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 in fact, is often a patient privacy violation. Patients suffering from a serious injury or illness may struggle to advocate for themselves, and their consent to police presence is unlikely to be true informed consent.[11]

Overdoses & drug use during pregnancy: New Jersey does not require that health care providers report overdoses. There are limited circumstances where a provider must notify the state of substance use during pregnancy.[12]

Health care providers at hospitals and birth centers must notify DCPP when an infant is born "substance-affected," meaning (1) exposed to alcohol or a controlled substance before birth, (2) displaying symptoms of withdrawal from controlled substance exposure, or (3) diagnosed after birth with, or at risk of, fetal alcohol spectrum disorder.[13] "Controlled substances" that could require a notification include methadone, buprenorphine, and marijuana, even where prescribed.[14] A positive drug test alone does not permit a notification: providers must complete more reliable "confirmation-level" toxicology testing before notifying DCPP.[15] This notification is not a child abuse report. Note that New Jersey does not require drug testing of pregnant people, birthing people, or newborns.

Providers can make a substance-affected infant notification online to DCPP.[16] When making a notification, the reporting provider must answer follow-up questions to determine if the situation also requires a child abuse or neglect report.[17] The notification and follow-up questions do not require patient identifiers, so are effectively de-identified.[18]

Health care providers are not required to report non-fatal overdoses. New Jersey allows – but does not require – providers to make overdose fatality reports in response to a request by a local overdose fatality review team.[19] Overdose fatality reports are de-identified.[20]

Self-harm: New Jersey requires health care providers to act on threats of self-harm.

Under New Jersey law, if a patient threatens imminent, serious physical harm to themself or another person, and if a health care provider reasonably believes the patient intends to carry out that threat, the provider has a duty to warn a third party or protect the patient.[21] If a patient has not specifically communicated this threat, but the circumstances lead a provider to reasonably believe the threat exists and is likely to be carried out, the provider still has a duty to act.[22] In these situations, providers must take a protective step, such as warning the intended victim, notifying law enforcement, or, for patients under age 18, warning a parent or guardian.[23]

Revealing an intention to self-manage an abortion is not a threat of serious harm to oneself or a separate person. A health care provider who learns that their patient intends to self-manage an abortion does not have a duty to warn, protect, or report.

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, such as ensuring the patient knows how to access a safe abortion.[24]

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

New Jersey law does not require providers to report abortions or abortion complications.[25] Providers are not required to disclose a patient's intent to self-manage an abortion – or that a patient has self-managed an abortion – under state law.

Fetal death: Providers do not have to report abortions as fetal deaths.[26]

New Jersey requires attending physicians and advanced practice nurses to supply information for a certificate of fetal death for all fetal deaths occurring at 20 or more weeks of gestation, which includes stillbirths.[27] The fetal death certificate is typically filed by a funeral director and sent to the local registrar.[28]

If a fetal death at 20 or more weeks of gestation is unattended by a physician or advance practice nurse, funeral directors must notify the Office of the Chief State Medical Examiner, a county medical examiner, or local registrar.[29]

New Jersey's fetal death reporting requirements do not require providers to report abortions, self-managed or otherwise.

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.[30] 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/.

Suggested Citations:

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

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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 New Jersey involving or potentially involving law enforcement that is not covered on this sheet, please contact info@ifwhenhow.org.

2. "Child" means someone under 18 years old. *See* N.J. Stat. Ann. § 9:6-8.9.

3. A "vulnerable adult" means "a person 18 years of age or older who resides in a community setting and who, because of a physical or mental illness, disability or deficiency, lacks sufficient understanding or capacity to make, communicate, or carry out decisions concerning his well-being and is the subject of abuse, neglect or exploitation. A person shall not be deemed to be the subject of abuse, neglect or exploitation or in need of protective services for the sole reason that the person is being furnished nonmedical remedial treatment by spiritual means through prayer alone or in accordance with a recognized religious method of healing in lieu of medical treatment, and in accordance with the tenets and practices of the person's established religious tradition." N.J. Stat. Ann. § 52:27D-407.

4. N.J. Stat. Ann. § 9:6-8.10.

5. N.J. Stat. Ann. § 52:27D-409(a).

6. N.J. Stat. Ann. § 9:6-8.9.

7. In New Jersey, statutory rape is penetrative sex (1) with a person under age 13, (2) between a 13- to 16-year-old and someone four or more years older, and (3) between a 13- to 18-year-old and a parent, guardian, caretaker, close relative, or someone else with supervisory or disciplinary power over the young person. N.J. Stat. Ann. § 2C:14-2(a)(1)-(2), (b), (c)(3)-(4) (defining sexual assault and aggravated sexual assault).

8. N.J. Stat. Ann. § 9:6-8.10.

9. N.J. Stat. Ann. § 2C:58-8(a).

10. N.J. Stat. Ann. § 2C:58-8(b)

11. 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.").

Citations

12. 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/.
13. N.J. Admin. Code § 3A:26-1.2 (2026).
14. *See generally* N.J. Admin. Code 3A:26-1.2 (2026).
15. N.J. Admin. Code § 3A:26-1.2 (2026). Drug tests providing a qualitative result (i.e. a "positive" or "negative" result) are insufficient: confirmation testing must use "advanced analytical techniques" with a quantitative (i.e. numerical) result. *Id*.
16. N.J. Admin. Code § 3A:26-1.2 (2026). If a provider has child abuse or neglect concerns, the provider should instead report this to DCPP as child abuse or neglect. *Id*.
17. N.J. Admin. Code § 3A:26-1.3(2) (2026).
18. N.J. Admin. Code § 3A:26-1.4 (2026).
19. N.J. Stat. Ann. § 26:3A2-20.6.
20. N.J. Stat. Ann. § 26:3A2-20.6.
21. N.J. Stat. Ann. § 2A:62A-16(b)(1).
22. N.J. Stat. Ann. § 2A:62A-16(b)(2).
23. N.J. Stat. Ann. § 2A:62A-16(c).
24. Abortion is legal in New Jersey, and there are abortion funds that can help support a patient in obtaining 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 New Jersey, they can contact If/When/How for technical assistance by filling out this form: https://ifwhenhow.org/learn/technical-assistance/.
25. New Jersey repealed its abortion complication reporting requirement in 2021. *See* N.J. Admin. Code 13:35-4.2 (repealed 2021).
26. "'Fetal death or 'stillbirth' means death prior to the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy; the death is indicated by the fact that after such separation, 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." N.J. Stat. Ann. § 26:6-1.
27. N.J. Stat. Ann. § 26:8-37. This definition includes stillbirths. *Id*.
28. N.J. Stat. Ann. §§ 26:8-8, 26:8-11.
29. N.J. Stat. Ann. §§ 26:6-9 (notifications for medically unattended deaths), 26:6-11 (categorizing unattended fetal deaths as medically unattended deaths).

Citations

30. *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.