RESOURCE

if when how

Lawyering for Reproductive Justice

WHAT YOU NEED TO KNOW FOR PROVIDERS

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

Note: This resource was last updated on August 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 factsheet does not include reporting requirements that are specific to long-term care facilities. 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 California's 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 taking patient history or 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 HIPAA or state laws on medical privacy.

Major Mandatory Reporting Requirements in California[1]

Crime: Self-managed abortion is not a crime.[2]

California health care providers are not required to report crimes. However, they are required to report certain injuries that may result from criminal conduct, discussed below.[3]

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

California health care providers' obligation to report injuries that may result from criminal conduct is limited to situations where a healthcare provider "knows or reasonably suspects" that the patient's injury is due to battery, rape, abuse of a spouse/cohabitant, or other crimes.[4] This law has limited application in a self-managed abortion context, and is only implicated where the self-managed abortion was initiated via injury from another person, which is rare.[5] In addition, self-inflicted injuries do not trigger the reporting requirement. Therefore, health care providers need not report an injury related to self-managed abortion if they suspect it is self-inflicted.

Have more questions? Reach out to request technical assistance.

Child and vulnerable adult abuse: A minor or vulnerable adult 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 California who diagnose, examine, treat, or provide counseling are mandatory reporters for suspected child[6] abuse and neglect.[7] Health care providers are also mandatory reporters for suspected vulnerable adult abuse[8] and neglect.[9] 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. Under California law, pregnancy is not a trigger for an abuse investigation. However, if a provider suspects that the minor or vulnerable adult experienced or is experiencing reproductive coercion, that would likely qualify as reasonable suspicion of abuse.[10] If a provider decides to make an abuse report, the fact that a minor or vulnerable adult self-managed an abortion does not ordinarily need to be included in the report.

Statutory rape: If a provider needs to report a statutory rape, the fact that the patient may have attempted to end a pregnancy is not relevant to the investigation.

California requires all health care providers to report statutory rape.[11] Statutory rape includes someone 14 or older having sex with someone younger than 14, as well as sex between a minor under 16 and someone 21 or older. These laws apply regardless of consent.[12] Typically, the age of a patient's sexual partner is not relevant to treatment of a patient. Health care providers should inform adolescent patients about what constitutes reportable sexual conduct prior to talking to them about care where possible.

Overdoses and drug use during pregnancy: California does not require overdose or drug use reporting.

California law does not indicate that drug or alcohol use during pregnancy is viewed as child abuse. A newborn's positive toxicology test alone does not require a child abuse report. A report is only required if there are other factors that indicate the newborn is at risk.[13]

Self-harm: Mental health providers ordinarily are not required to report an intention to self-manage an abortion.

California law requires mental health providers to report when someone is a danger to themselves or others.[14]

Revealing an intention to self-manage an abortion is not a serious threat of physical violence, unless the patient reveals a physical threat to themselves with their self-management, such as a plan to throw themselves down the stairs.[15] However, mental health providers may be able to manage this risk without reporting by employing other clinical interventions, such as letting the patient know where to access a safe abortion, that successfully eliminate the threat.

Abortion:[16] It is never necessary to report a patient's intention to self-manage an abortion.

California does not have any applicable requirements for vital statistics abortion reporting.

Fetal death: Under the current definition of "fetal death," health care providers are not typically required to report induced termination of pregnancy, but may be required to report self-managed abortion as fetal death if it occurs at or after 20 weeks of pregnancy.

California requires the registration of fetal death with the local registrar of births and deaths when the pregnancy is dated at 20 or more weeks.[17] Abortions performed by licensed medical professionals are not reportable[18] as fetal deaths.[19]

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.[20] 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 California involving or potentially involving law enforcement that is not covered on this sheet, please contact info@ifwhenhow.org.

2. California specifically prohibits imposing criminal or civil liability on a pregnant person for any act or omission in relation to their own pregnancy or pregnancy outcome. CAL. HEALTH & SAFETY CODE § 123467.

3. CAL. PENAL CODE § 11160.

4. The full list of these crimes includes: murder, manslaughter, mayhem, aggravated mayhem, torture, assault with intent to commit mayhem, rape, sodomy, or oral copulation, administering controlled substances or anesthetic to aid in commission of a felony, battery, sexual battery, incest, throwing any vitriol/corrosive acid/caustic chemical with intent to injure or disfigure, assault with a stun gun/taser, assault with a deadly weapon/firearm/assault weapon/machine gun/by means likely to produce great bodily injury, rape, spousal rape, procuring any female to have sex with another man, child abuse or endangerment, abuse of spouse or cohabitant, sodomy, lewd and lascivious acts with a child, oral copulation, sexual penetration, elder abuse, or any attempt to commit any of these crimes. CAL. PENAL CODE § 11160.

5. For example, even if abuse is not present, and a patient requested another person to punch them in the stomach, this action may be reportable as battery or assault. However, it is a violation of patient confidentiality to divulge the reason behind the injury. If abuse is present, self-managed abortion is not implicated, rather, reproductive coercion is present. California does not require reports of reproductive coercion.

6. Under California's child abuse statute, a child is anyone under 18 years of age. CAL. PENAL CODE § 11165.

7. CAL. PENAL CODE § 11165.

8. A vulnerable or dependent adult is someone "regardless of whether the person lives independently, between the ages of 18 and 64 years who resides in this state and who has physical or mental limitations that restrict his or her ability to carry out normal activities or to protect his or her rights, including, but not limited to, persons who have physical or developmental disabilities, or whose physical or mental abilities have diminished because of age." CAL. WELF. & INST. CODE § 15610.23. An elderly adult is someone 65 years or older. CAL. WELF. & INST. CODE § 15610.27.

9. CAL. WELF. & INST. CODE § 15630(b)(1).

Citations

10. CAL. PENAL CODE § 11165.
11. CAL. PENAL CODE § 11166.
12. CAL. PENAL CODE § 261.5(D).
13. CAL. PENAL CODE § 11165.13.
14. This requires a "serious threat of physical violence against a reasonably identifiable victim or victims." CAL. CIV. CODE § 43.92.
15. Note that a fetus is not contemplated as a "victim" under this statute.
16. Abortion in CA is defined as "any medical treatment intended to induce the termination of a pregnancy except for the purpose of producing a live birth". CAL. HEALTH & SAFETY CODE § 123464.
17. CAL. HEALTH & SAFETY CODE §§ 102950; 102975. Registration should occur in the district in which the fetus was officially pronounced.
18. The contents of a coroner's fetal death report cannot be used to impose criminal or civil liability on a pregnant person for the outcome of their pregnancy. CAL. HEALTH & SAFETY CODE § 103005(b).
19. CAL. HEALTH & SAFETY CODE § 102950. California Assembly Bill 2223, passed in 2022, **removed** the requirement that coroners investigate self-managed abortion and unattended fetal deaths. Cal. A.B. 2223 (September 27, 2022), 2021-2022 Leg. Sess., https://perma.cc/Q7B9-3N7W.
20. *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://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.