

REPORTING REQUIREMENTS
FOR
COMPETENT ADULT VICTIMS
OF
DOMESTIC VIOLENCE

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April 21, 2006

Contains:

- *Summary of the nation's reporting requirements for competent adult victims of domestic violence*
- *List of issues that may be encountered when interpreting domestic violence reporting laws*
- *Text of the state statutes relevant to reporting requirements for medical professionals who treat a victim of domestic violence who is a competent adult*

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SUMMARY OF LAWS RELEVANT TO THE MANDATORY
REPORTING OF DOMESTIC VIOLENCE WHEN THE VICTIM IS A COMPETENT ADULT

This document provides a summary of state laws relevant to the mandatory reporting of domestic violence or abuse by medical professionals to law enforcement when the victim is a competent adult¹. The categories are: (1) laws that specifically require injuries caused by domestic violence or abuse to be reported; (2) laws which require injuries caused by non-accidental or intentional conduct to be reported; (3) laws which require injuries caused by criminal conduct to be reported; and (4) reporting requirements relating to other crimes or injuries which may impact victims of domestic violence or abuse. The specific language of these statutes is included in the state laws set forth after this summary.

Many states require medical personnel to make a report to law enforcement and / or social services following their treatment of a child, elderly person or vulnerable adult who was the victim of a crime. These statutes, however, are not included in this summary. Rather, this summary focuses on the reporting requirements related to the medical treatment of competent adults who are the victims of domestic violence or

¹ Each state defines domestic violence and domestic abuse differently. For the purposes of this document, state reporting requirements specific to domestic violence in that state as well as general crimes of violence which may qualify as domestic violence were examined. Please refer to state law to determine what constitutes domestic violence or abuse in that state.

abuse.² Additionally, this document focuses on statutes which require reports to law enforcement as opposed to statutes that require reports to other agencies for the purpose of collecting statistics. Please note that this document is intended for informational purposes only and does not constitute legal advice.

LAWS THAT SPECIFICALLY REQUIRE INJURIES CAUSED BY DOMESTIC VIOLENCE TO BE REPORTED

The law specifically requires medical personnel to report that they have treated a victim of domestic violence when the victim is a competent adult in the following states:

- California, Ca. Pen Code § 11160
- Kentucky, KRS § 209.030

LAWS WHICH MANDATE THE REPORTING OF NON-ACCIDENTAL OR INTENTIONAL INJURIES

In certain states, medical personnel are required to report injuries caused by non-accidental or intentional means. In these states, qualifying medical professionals will have to report that they treated a patient who suffered a non-accidental or intentional injury. It is difficult to imagine a situation where injuries that are caused by domestic violence will not also be non-accidental or intentional; therefore, these statutes have the same impact as statutes that require incidents of domestic violence to

²*Competent adult* is used to represent those adults who are viewed by the legal system as competent. Please refer to state law for definitions or interpretations of what constitutes a competent adult in that state.

be reported. Statutes that require the reporting of non-accidental or intentional injuries to law enforcement include the following:

- Alaska, Alaska Stat. 08.64.369 (If the injury is likely to cause death)
- California, Cal Pen Code § 11160
- Colorado, C.R.S. 12-36-135
- Florida, Fla. Stat. § 790.24
- Georgia, O.C.G.A. § 31-7-9
- Michigan, MCLS § 750.411
- Ohio, ORC Ann. 2921.22 (If domestic violence is suspected, it shall be noted in the patient's records)
- Pennsylvania, 18 Pa.C.S. § 5106 (There is an exception for domestic violence cases unless the injury constitutes serious bodily injury or was caused by a deadly weapon)

LAWS WHICH MANDATE THE REPORTING OF INJURIES CAUSED BY CRIMINAL CONDUCT

In certain states, medical personnel are required to report injuries caused by criminal conduct. Domestic violence that results in injury will generally be a crime; therefore, these statutes will almost always require that injuries caused by domestic violence be reported. Statutes that require the reporting of injuries caused by criminal conduct include the following:

- Arizona, A.R.S. § 13-3806 (Material injuries resulting from illegal or unlawful acts)
- California, Cal Pen Code § 11160 (Injuries that are the result of assaultive or abusive conduct)
- Colorado, C.R.S. 12-36-135

- Hawaii, HRS § 453-14 (Any injury that would seriously maim, produce death, or has rendered the injured person unconscious, caused by the use of violence or sustained in a suspicious or unusual manner)
- Idaho, Idaho Code § 39-1390
- Illinois - 20 ILCS 2630/3.2
- Iowa, Iowa Code § 147.111
- Massachusetts ALM GL ch. 112, § 12A1/2 (Rape or sexual assault must be reported but may not identify the victim)
- Nebraska, Neb. Rev. ST. 28-902 (Wounds or injuries of violence)
- New Hampshire, RSA § 631:6
- North Carolina, N.C. Gen. Stat. § 90-21.20
- North Dakota, N.D. Cent. Code, § 43-17-41
- Ohio, ORC Ann. 2921.22; ORC Ann. 2921.22 (Felonies and any serious physical harm resulting from an offense of violence must be reported.)
- Pennsylvania - 18 Pa.C.S. § 5106 (There is an exception for domestic violence cases unless the injury constitutes serious bodily injury or was caused by a deadly weapon)
- Tennessee, Tenn. Code Ann. § 38-1-101 (Injuries caused by violence)
- Utah, Utah Code Ann. 26-23a-1
- West Virginia, W. Va. Code § 61-2-27
- Wisconsin, Wis. Stat. 146.995

ADDITIONAL REPORTING STATUTES THAT MAY IMPACT COMPETENT ADULT VICTIMS OF DOMESTIC VIOLENCE

Some states require certain types of injuries to be reported by medical personnel to law enforcement. If a victim of domestic violence presents with any of these injuries, medical personnel will be required to report the injury to law enforcement, unless there is an exception for domestic violence in that state. These injuries include injuries caused by firearms, stab wounds or knife wounds, injuries caused with a deadly weapon and burns, among others. Relevant statutes include the following:

- Injuries caused by firearms
 - Alaska, Alaska Stat. § 08.64.369
 - Arizona, A.R.S. § 13-3806
 - Arkansas, A.C.A. § 12-12-602
 - California, Cal Pen Code § 11160
 - Colorado, C.R.S. 12-36-135
 - Connecticut, Conn. Gen. Stat. § 19a-490f
 - Delaware, 24 Del. C. § 1762
 - District of Columbia, D.C. Code § 7-2601
 - Florida, Fla. Stat. § 790.24
 - Hawaii, HRS § 453-14
 - Idaho, Idaho Code § 39-1390
 - Iowa, Iowa Code § 147.111
 - Illinois, 20 ILCS 2630/3.2
 - Indiana, Ind. Code Ann. § 35-47-7-1
 - Kansas, KS § 21-4213
 - Louisiana, La. R.S. § 14:403.5
 - Maine, 17 AMRS § 512
 - Maryland, Md. Code Ann. § 20-703
 - Massachusetts, ALM GL ch. 112, § 12A.
 - Michigan, MCLS § 750.411
 - Minnesota, Minn. Stat. § 626.52
 - Mississippi, MS § 45-9-31
 - Missouri, § 578.350 R.S. Mo.
 - Montana, MCA § 37-2-30
 - Nevada, NRS § 629.041
 - New Hampshire, RSA § 631:6
 - New Jersey, N.J. Stat. § 2C:58-8
 - New York, NY CLS Penal § 265.25
 - North Carolina, N.C. Gen. Stat. § 90-21.20
 - North Dakota, N.D. Cent. Code, § 43-17-41
 - New Hampshire, RSA § 631:6

 - Ohio, ORC Ann. 2921.22 (If domestic violence is suspected, it shall be noted in the patient's records)

 - Oregon, ORS § 146.750
 - Pennsylvania, 18 Pa.C.S. § 5106
 - Rhode Island, R.I. Gen. Laws § 11-47-48

- South Carolina, S.C. Code Ann. § 16-3-1072
 - South Dakota, S.D. Codified Law § 21-13-10
 - Tennessee, Tenn. Code Ann. § 38-1-101
 - Texas, Tex. Health & Safety Code § 161.041
 - Utah, Utah Code § 26-23a-2
 - Vermont, 13 V.S.A. § 4012
 - Virginia, Va. Code Ann. § 54.1-2967.
 - West Virginia, W. Va. Code § 61-2-27
 - Wisconsin, Wis. Stat. §146.995
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- Stab wounds or non-accidental wounds caused by a knife or sharp pointed instrument
 - Alaska, Alaska Stat. § 08.64.369
 - Arizona, A.R.S. § 13-3806
 - Arkansas, A.C.A. § 12-12-602
 - Colorado, C.R.S. 12-36-135
 - Delaware, 24 Del. C. § 1762
 - Hawaii, HRS § 453-14
 - Indiana, Ind. Code Ann. § 35-47-7-1
 - Iowa, Iowa Code § 147.111
 - Kansas, KS § 21-4213
 - Massachusetts, ALM GL ch. 112, § 12A.
 - Michigan, MCLS § 750.411
 - Mississippi, MS § 45-9-31
 - Montana, MCA § 37-2-302
 - Nevada, NRS § 629.041
 - New Jersey, N.J. Stat. § 2C:58-8
 - New York, NY CLS Penal § 265.25
 - North Carolina, N.C. Gen. Stat. § 90-21.20
 - North Dakota, N.D. Cent. Code, § 43-17-41
 - Ohio, ORC Ann. 2921.22
 - Oregon, ORS § 146.750
 - South Dakota, S.D. Codified Laws § 23-13-10
 - Tennessee, Tenn. Code Ann. § 38-1-101
 - Utah Code Ann. 26-23a-1
 - Virginia, Va. Code Ann. § 54.1-2967.
 - West Virginia, W. Va. Code § 61-2-27

- Injuries caused by a weapon
 - District of Columbia, D.C. Code § 7-2601 (dangerous weapon)
 - Michigan, MCLS § 750.411 (deadly weapon)
 - Minnesota, Minn. Stat. § 626.52 (dangerous weapon)
 - New Jersey, N.J. Stat. § 2C:58-8
 - Utah Code Ann. 26-23a-1 (deadly weapon)

- Burn injuries
 - Alaska, Alaska Stat. § 08.64.369
 - Delaware, 24 Del. C. § 1762
 - Indiana, Ind. Code Ann. § 35-47-3
 - Louisiana, La. R.S. § 14:403.4
 - Massachusetts, ALM GL ch. 112, § 12A
 - Minnesota, Minn. Stat. 626.52
 - Nevada, NRS § 629.045
 - New Jersey, N.J. Stat. § 2C:58-8
 - New York, NY CLS Penal § 265.26
 - Ohio, ORC Ann. 2921.22
 - Wisconsin, Wis. Stat. §146.995

- Suspicious wounds
 - Minnesota, Minn. Stat. 626.52

ISSUES THAT MAY BE ENCOUNTERED WHEN INTERPRETING LAWS MANDATING THE REPORTING OF INJURIES CAUSED BY DOMESTIC VIOLENCE OR ABUSE

1. What are the state's reporting laws?
 - With respect to domestic violence or abuse?
 - With respect to other crimes?
 - Does the law change if the crime also constitutes rape or sexual assault?
2. Who is the medical treatment provider? The statutes listed generally described the duty of various medical personnel to report. In certain states, if a victim goes to a community based forensic examiner program as opposed to a hospital, the provider may not be required to report the rape or other injury. In addition, one should consider whether first responders who provide medical treatment qualify as medical treatment providers.
3. Who is required to report and to whom are they required to report?
4. What information does the report have to contain? What is the procedure for reporting? What is the format of the report?
5. Who is paying for the examination? What happens in states where the examination will only be paid for if the victim reports the examination to law enforcement? What are the state's laws with respect to the denial of medical treatment to a patient if the patient chooses only to receive medical treatment and not a forensic examination?
6. What is the penalty for failure to report? States have different penalties for the failure of medical personnel to comply with reporting laws. In some states, the consequences may be criminal, while in other states, the consequences are civil.

ALABAMA

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? No.

ALASKA

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? Health care workers are required to report certain injuries including bullet wounds, gunshot wounds, injuries apparently caused by the discharge of a firearm, non-accidental injuries caused by knives or other sharp pointed instruments, and certain burns and injuries likely to cause death.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

Alaska Stat. § 08.64.369. Health care professionals to report certain injuries

(a) A health care professional who initially treats or attends to a person with an injury described in (b) of this section shall make certain that an oral report of the injury is made promptly to the Department of Public Safety, a local law enforcement agency, or a village public safety officer. The health care professional shall make certain that a written report of an injury described in (b)(1) or (2) of this section is submitted to the Department of Public Safety within three working days after the person is treated. The report shall be on a form provided by the Department of Public Safety.

(b) The following injuries shall be reported under (a) of this section:

- (1) second or third degree burns to five percent or more of a patient's body;
- (2) a burn to a patient's upper respiratory tract or laryngeal edema due to the inhalation of super-heated air;
- (3) a bullet wound, powder burn, or other injury apparently caused by the discharge of a firearm;
- (4) an injury apparently caused by a knife, axe, or other sharp or pointed instrument, unless the injury was clearly accidental; and
- (5) an injury that is likely to cause the death of the patient, unless the injury was clearly accidental.

(c) A person who, in good faith, makes a report under this section, or who participates in judicial proceedings related to a report under this section, is immune from any civil or criminal liability that might otherwise be incurred as a result of making such a report or participating in the judicial proceedings.

(d) In this section, "health care professional" includes an emergency medical technician certified under AS 18.08, health aide, physician, nurse, mobile intensive care paramedic, and physician assistant, but does not include a practitioner of religious healing.

ARIZONA

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? Yes. Domestic violence that results in injury will generally be a crime; therefore, this statute will generally require domestic violence to be reported.

Additional statutes that may impact competent adult victims of domestic violence? Physicians, surgeons, nurses and hospital attendants must report gunshot wounds, knife wounds, and material injuries resulting from fights, brawls, robberies or other illegal or unlawful acts.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

A.R.S. § 13-3806. Duty of physician or attendant upon treating certain wounds; classification

A. A physician, surgeon, nurse or hospital attendant called upon to treat any person for gunshot wounds, knife wounds or other material injury which may have resulted from a fight, brawl, robbery or other illegal or unlawful act, shall immediately notify the chief of police or the city marshal, if in an incorporated city or town, or the sheriff, or the nearest police officer, of the circumstances, together with the name and description of the patient, the character of the wound and other facts which may be of assistance to the police authorities in the event the condition of the patient may be due to any illegal transaction or circumstances.

B. Any violation of the provisions of this section by a physician, surgeon, nurse or hospital attendant, is a class 3 misdemeanor.

HISTORY: Last year in which legislation affected this section: 1977

ARKANSAS

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? It is mandatory to report knife and gunshot wounds when the wounds appear to have been intentionally inflicted.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

A.C.A. § 12-12-602. Report of treatment required

(a) All physicians, surgeons, hospitals, druggists, or other persons or entities that render first aid treatment shall report to the office of the sheriff of the county all cases of knife or gunshot wounds treated by them or received in the hospital when the wounds appear to have been intentionally inflicted.

(b) If within a city of the first class, a report to the chief of police or a regular member of the police force shall be equivalent to a report to the office of the sheriff, and a proper report to the chief of police, regular member of the police force, or office of the sheriff shall be compliance with the requirements of this subchapter.

CALIFORNIA

Specific requirement to report domestic violence? Yes.

Requirement to report non-accidental or intentional injuries? Yes. It is mandatory to report injuries caused by assaultive or abusive conduct.

Requirement to report injuries caused by criminal conduct? Yes. It is mandatory to report injuries caused by assaultive or abusive conduct.

Additional statutes that may impact competent adult victims of domestic violence? Mandatory reporting is required for injuries caused by firearms.

STATUTES THAT MANDATE DOMESTIC VIOLENCE REPORTING

Cal Pen Code § 11160. Injuries required to be reported; Method of reporting; Team reports; Internal procedures

(a) Any health practitioner employed in a health facility, clinic, physician's office, local or state public health department, or a clinic or other type of facility operated by a local or state public health department who, in his or her professional capacity or within the scope of his or her employment, provides medical services for a physical condition to a patient whom he or she knows or reasonably suspects is a person described as follows, shall immediately make a report in accordance with subdivision (b):

(1) Any person suffering from any wound or other physical injury inflicted by his or her own act or inflicted by another where the injury is by means of a firearm.

(2) Any person suffering from any wound or other physical injury inflicted upon the person where the injury is the result of assaultive or abusive conduct.

(b) Any health practitioner employed in a health facility, clinic, physician's office, local or state public health department, or a clinic or other type of facility operated by a local or state public health department shall make a report regarding persons described in subdivision (a) to a local law enforcement agency as follows:

(1) A report by telephone shall be made immediately or as soon as practically possible.

(2) A written report shall be prepared on the standard form developed in compliance with paragraph (4) of this subdivision, and Section 11160.2, and adopted by the agency or agencies designated by the Director of Finance pursuant to Section 13820, or on a form developed and

adopted by another state agency that otherwise fulfills the requirements of the standard form. The completed form shall be sent to a local law enforcement agency within two working days of receiving the information regarding the person.

(3) A local law enforcement agency shall be notified and a written report shall be prepared and sent pursuant to paragraphs (1) and (2) even if the person who suffered the wound, other injury, or assaultive or abusive conduct has expired, regardless of whether or not the wound, other injury, or assaultive or abusive conduct was a factor contributing to the death, and even if the evidence of the conduct of the perpetrator of the wound, other injury, or assaultive or abusive conduct was discovered during an autopsy.

(4) The report shall include, but shall not be limited to, the following:

(A) The name of the injured person, if known.

(B) The injured person's whereabouts.

(C) The character and extent of the person's injuries.

(D) The identity of any person the injured person alleges inflicted the wound, other injury, or assaultive or abusive conduct upon the injured person.

(c) For the purposes of this section, "injury" shall not include any psychological or physical condition brought about solely through the voluntary administration of a narcotic or restricted dangerous drug.

(d) For the purposes of this section, "assaultive or abusive conduct" shall include any of the following offenses:

(1) Murder, in violation of Section 187.

(2) Manslaughter, in violation of Section 192 or 192.5.

(3) Mayhem, in violation of Section 203.

(4) Aggravated mayhem, in violation of Section 205.

(5) Torture, in violation of Section 206.

(6) Assault with intent to commit mayhem, rape, sodomy, or oral copulation, in violation of Section 220.

- (7) Administering controlled substances or anesthetic to aid in commission of a felony, in violation of Section 222.
- (8) Battery, in violation of Section 242.
- (9) Sexual battery, in violation of Section 243.4.
- (10) Incest, in violation of Section 285.
- (11) Throwing any vitriol, corrosive acid, or caustic chemical with intent to injure or disfigure, in violation of Section 244.
- (12) Assault with a stun gun or taser, in violation of Section 244.5.
- (13) Assault with a deadly weapon, firearm, assault weapon, or machinegun, or by means likely to produce great bodily injury, in violation of Section 245.
- (14) Rape, in violation of Section 261.
- (15) Spousal rape, in violation of Section 262.
- (16) Procuring any female to have sex with another man, in violation of Section 266, 266a, 266b, or 266c.
- (17) Child abuse or endangerment, in violation of Section 273a or 273d.
- (18) Abuse of spouse or cohabitant, in violation of Section 273.5.
- (19) Sodomy, in violation of Section 286.
- (20) Lewd and lascivious acts with a child, in violation of Section 288.
- (21) Oral copulation, in violation of Section 288a.
- (22) Sexual penetration, in violation of Section 289.
- (23) Elder abuse, in violation of Section 368.
- (24) An attempt to commit any crime specified in paragraphs (1) to (23), inclusive.

(e) When two or more persons who are required to report are present and jointly have knowledge of a known or suspected instance of violence that is required to be reported pursuant to this section, and when there is an agreement among these persons to report as a team, the team may select by mutual agreement a member of the team to make a report by telephone and a single written report, as required by subdivision (b). The written report shall be signed by the selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make the report.

(f) The reporting duties under this section are individual, except as provided in subdivision (e).

(g) No supervisor or administrator shall impede or inhibit the reporting duties required under this section and no person making a report pursuant to this section shall be subject to any sanction for making the report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established, except that these procedures shall not be inconsistent with this article. The internal procedures shall not require any employee required to make a report under this article to disclose his or her identity to the employer.

(h) For the purposes of this section, it is the Legislature's intent to avoid duplication of information.

COLORADO

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? Yes. There is a mandatory requirement to report "injury that the licensee has reason to believe involves a criminal act, including injuries resulting from domestic violence."

Additional statutes that may impact competent adult victims of domestic violence? Every licensee has a duty to report gunshot wounds, injuries caused by knives or sharp pointed instruments that the licensee believes were intentionally inflicted.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

C.R.S. 12-36-135. Injuries to be reported - penalty for failure to report - immunity from liability

(1) It shall be the duty of every licensee who attends or treats a bullet wound, a gunshot wound, a powder burn, or any other injury arising from the discharge of a firearm, or an injury caused by a knife, an ice pick, or any other sharp or pointed instrument that the licensee believes to have been intentionally inflicted upon a person, or any other injury that the licensee has reason to believe involves a criminal act, including injuries resulting from domestic violence, to report such injury at once to the police of the city, town, or city and county or the sheriff of the county in which the licensee is located. Any licensee who fails to make a report as required by this section commits a class 2 petty offense, as defined by section 18-1.3-503, C.R.S., and, upon conviction thereof, shall be punished by a fine of not more than three hundred dollars, or by imprisonment in the county jail for not more than ninety days, or by both such fine and imprisonment.

(1.5) As used in subsection (1) of this section, unless the context otherwise requires:

(a) "Domestic violence" means an act of violence upon a person with whom the actor is or has been involved in an intimate relationship. Domestic violence also includes any other crime against a person or any municipal ordinance violation against a person when used as a method of coercion, control, punishment, intimidation, or revenge directed against a person with whom the actor is or has been involved in an intimate relationship.

CONNECTICUT

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? It is mandatory to report bullet wounds, gunshot wounds, and wounds arising from the discharge of a firearm.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

Conn. Gen. Stat. § 19a-490f. Requirements for reports of treatment of wounds from firearms.

Each hospital, outpatient surgical facility and outpatient clinic shall report or cause a report to be made to the local police department or the state police of each person treated for a bullet wound, gunshot wound or any injury arising from the discharge of a firearm. Such report shall be made as soon as practicable after the treatment is rendered and shall contain the name and address of the injured person, if known, the nature and extent of the injury and the circumstances under which the treatment was rendered.

DELAWARE

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? It is mandatory to report stab wounds, gunshot wounds, bullet wounds, powder burns, injuries caused by the discharge of a firearm and poisonings by other than accidental means.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

24 Del. C. § 1762. Reports of treatment of certain wounds, injuries, poisonings, or other conditions; failure to report; penalty

(a) Every person certified to practice medicine who attends to or treats a stab wound; poisoning by other than accidental means; or a bullet wound, gunshot wound, powder burn, or other injury or condition arising from or caused by the discharge of a gun, pistol, or other firearm, or when such injury or condition is treated in a hospital, sanitarium, or other institution, the person, manager, superintendent, or other individual in charge shall report the injury or condition as soon as possible to the appropriate police authority where the attending or treating person was located at the time of treatment or where the hospital, sanitarium, or institution is located. This section does not apply to wounds, burns, poisonings, or injuries or conditions received by a member of the armed forces of the United States or the State while engaged in the actual performance of duty. A person who fails to make a report required by this section shall be fined not less than \$ 100 nor more than \$ 2,500.

(b) A person certified to practice medicine or other individual who makes a report pursuant to this section is immune from liability for the report, provided that the person or other individual acted in good faith and without gross or wanton negligence.

HISTORY: 24 Del. C. 1953, § 1762; 50 Del. Laws, c. 369, § 1; 65 Del. Laws, c. 123, § 1; 75 Del. Laws, c. 141, § 1.

DISTRICT OF COLUMBIA

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? It is mandatory to report injuries inflicted by a firearm or dangerous weapon in the commission of a crime.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

D.C. Code § 7-2601. Reports by physicians and institutions required [Formerly § 2-1361]

Any physician in the District of Columbia, including persons licensed under Chapter 12 of Title 3, having reasonable cause to believe that a person brought to him or coming before him for examination, care, or treatment has suffered injury caused by a firearm, whether self-inflicted, accidental, or occurring during the commission of a crime, or has suffered injury caused by any dangerous weapon in the commission of a crime, shall report or cause reports to be made in accordance with this chapter; provided, that when a physician in the performance of service as a member of the staff of a hospital or similar institution attends any person so injured, he shall notify the person in charge of the hospital or institution or his designated agent who shall report or cause reports to be made in accordance with this chapter.

D.C. Code § 7-2602 Nature and contents of reports [Formerly § 2-1362]

An oral report shall be made immediately by telephone or otherwise, and followed as soon thereafter as possible by a report in writing, to the Metropolitan Police Department of the District of Columbia. Such reports shall contain, if readily available, the name, address, and age of the injured person, and shall also contain the nature and extent of the person's injuries, and any other information which the physician or other person required to make the report believes might be helpful in establishing the cause of the injuries and the identity of the person who caused the injuries.

FLORIDA

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? It is mandatory to report life-threatening injuries indicating an act of violence.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? It is mandatory to report gunshot wounds and life-threatening injuries indicating an act of violence.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

Fla. Stat. § 790.24. Report of medical treatment of certain wounds; penalty for failure to report

Any physician, nurse, or employee thereof and any employee of a hospital, sanitarium, clinic, or nursing home knowingly treating any person suffering from a gunshot wound or life-threatening injury indicating an act of violence, or receiving a request for such treatment, shall report the same immediately to the sheriff's department of the county in which said treatment is administered or request therefore received. This section does not affect any requirement that a person has to report abuse pursuant to chapter 39 or chapter 415. Any such person willfully failing to report such treatment or request therefore is guilty of a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

GEORGIA

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? Yes. Hospital administrators are required to make a report of non-accidental injuries.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? No.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

O.C.G.A. § 31-7-9 Reports by physicians and other personnel of nonaccidental injuries to patients; immunity from liability

(a) As used in this Code section, the term "medical facility" includes, without being limited to, an ambulatory surgical treatment center defined in subparagraph (D) of paragraph (1) of Code Section 31-7-1.

(b) Any:

(1) Physician, including any doctor of medicine licensed to practice under the laws of this state;

(2) Licensed registered nurse employed by a medical facility;

(3) Security personnel employed by a medical facility; or

(4) Other personnel employed by a medical facility whose employment duties involve the care and treatment of patients therein

having cause to believe that a patient has had physical injury or injuries inflicted upon him other than by accidental means shall report or cause reports to be made in accordance with this Code section.

(c) An oral report shall be made immediately by telephone or otherwise and shall be followed by a report in writing, if requested, to the person in charge of the medical facility or his designated delegate. The person in charge of the medical facility or his designated delegate shall then notify

the local law enforcement agency having primary jurisdiction in the area in which the medical facility is located of the contents of the report. The report shall contain the name and address of the patient, the nature and extent of the patient's injuries, and any other information that the reporting person believes might be helpful in establishing the cause of the injuries and the identity of the perpetrator.

(d) Any person or persons participating in the making of a report or causing a report to be made to the appropriate police authority pursuant to this Code section or participating in any judicial proceeding or any other proceeding resulting therefrom shall in so doing be immune from any civil liability that might otherwise be incurred or imposed, providing such participation pursuant to this Code section shall be in good faith.

HAWAII

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? Yes. It is mandatory to report any injury that would seriously maim, produce death, or that has rendered the injured person unconscious, caused by the use of violence or sustained in a suspicious or unusual manner.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? It is mandatory to report knife wounds, bullet wounds, and gunshot wounds.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

HRS § 453-14. Duty of physician, surgeon, hospital, clinic, etc., to report wounds.

(a) Every physician and surgeon attending or treating a case of knife wound, bullet wound, gunshot wound, powder burn, or any injury that would seriously maim, produce death, or has rendered the injured person unconscious, caused by the use of violence or sustained in a suspicious or unusual manner or in motor vehicle collisions resulting in serious injury or death, or, whenever the case is treated in a hospital, clinic, or other institution, the manager, superintendent, or person in charge thereof, shall report the case or provide requested information to the chief of police of the county within which the person was attended or treated, giving the name of the injured person, description of the nature, type, and extent of the injury, together with other pertinent information that may be of use to the chief of police. As used herein, the term "chief of police" means the chief of police of each county and any of the chief's authorized subordinates.

(b) This section shall not apply to wounds, burns, or injuries received by a member of the armed forces of the United States or of the State while engaged in the actual performance of duty.

(c) Any person who fails to make the report called for herein within twenty-four hours after the attendance or treatment shall be fined not less than \$50 nor more than \$500.

HISTORY: L 1933-34, c 27, § § 1, 2; RL 1935, § 1202; am L 1943, c 23, § 1; RL 1945, § 2513; am L 1955, c 110, § 1; RL 1955, § 64-13; HRS § 453-14; am L 1983, c 92, § 1(10); am L 2005, c 39, § 1

IDAHO

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? Yes. Domestic violence that results in injury will generally be a crime; therefore, this statute will generally require domestic violence to be reported.

Additional statutes that may impact competent adult victims of domestic violence? It is mandatory to report injuries inflicted by firearms.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

Idaho Code § 39-1390. Reports to law enforcement agencies of certain types of injuries

(1) As soon as treatment permits, any person operating a hospital or other medical treatment facility, or any physician, resident on a hospital staff, intern, physician assistant, nurse or emergency medical technician shall notify the local law enforcement agency of that jurisdiction upon the treatment of or request for treatment of a person when the reporting person has reason to believe that the person treated or requesting treatment has received:

- (a) Any injury inflicted by means of a firearm; or
- (b) Any injury indicating that the person may be a victim of a criminal offense.

(2) The report provided to the law enforcement agency pursuant to subsection (1) of this section shall include the name and address of the injured person, the character and extent of the person's injuries, and the medical basis for making the report.

(3) Any person operating a medical facility, or any physician, resident on a hospital staff, intern, physician assistant, nurse or emergency medical technician shall be held harmless from any civil liability for his reasonable compliance with the provisions of this section.

HISTORY: I.C., § 39-1390, as added by 1991, ch. 167, § 1, p. 407; am. 1995, ch. 169, § 1, p. 651.

ILLINOIS

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? Yes. Domestic violence that results in injury will generally be a crime; therefore, this statute will generally require domestic violence to be reported.

Additional statutes that may impact competent adult victims of domestic violence? There is a requirement to report injuries resulting from the discharge of a firearm.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

§ 20 ILCS 2630/3.2. [Duty to report injuries resulting from discharge of firearm or sustained in commission of or as victim of criminal offense] ³

Sec. 3.2. It is the duty of any person conducting or operating a medical facility, or any physician or nurse as soon as treatment permits to notify the local law enforcement agency of that jurisdiction upon the application for treatment of a person who is not accompanied by a law enforcement officer, when it reasonably appears that the person requesting treatment has received:

- (1) any injury resulting from the discharge of a firearm; or
- (2) any injury sustained in the commission of or as a victim of a criminal offense.

Any hospital, physician or nurse shall be forever held harmless from any civil liability for their reasonable compliance with the provisions of this Section.

³ [Prior to 1/1/93 cited as: Ill. Rev. Stat., Ch. 38, para. 206-3.2]

INDIANA

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? There is a duty to report injuries from guns, firearms, knives, ice picks, and other sharp pointed instruments, as well as certain burns and injuries caused by the manufacture or use of destructive devices.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

Burns Ind. Code Ann. § 35-47-7-1. Report of injuries from gun, firearm, knife, ice pick or other sharp or pointed instrument

Every case of a bullet wound, gunshot wound, powder burn, or any other injury arising from or caused by the discharge of a firearm, and every case of a wound which is likely to or may result in death and is actually or apparently inflicted by a knife, ice pick, or other sharp or pointed instrument, shall be reported at once to the law enforcement authorities of the county, city, or town in which the person reporting is located by either the physician attending or treating the case, or by the manager, superintendent, or other person in charge if the case is treated in a hospital, clinic, sanitarium, or other facility or institution. A person who violates this section commits a Class A misdemeanor.

HISTORY: IC 35-47-7-1, as added by P.L.311-1983, § 32.

Burns Ind. Code Ann. § 35-47-7-3. Burn injury reports

- (a) As used in this section, "burn" includes chemical burns, flash burns, and thermal burns.
- (b) If a person is treated for:
 - (1) A second or third degree burn to ten percent (10%) or more of the body;
 - (2) Any burn to the upper respiratory tract or laryngeal edema due to the inhalation of superheated air; or
 - (3) A burn that results in serious bodily injury;

the physician treating the person, or the hospital administrator or the hospital administrator's designee of the hospital or ambulatory outpatient surgical center (if the person is treated in a hospital or outpatient surgical center), shall report the case to the state fire marshal within seventy-two (72) hours. This report may be made orally or in writing and shall be considered confidential information.

(c) If a person is treated for a second or third degree burn to less than ten percent (10%) of the body, the attending physician may report the case to the state fire marshal under subsection (b).

(d) The state fire marshal shall ascertain the following when a report is made under this chapter:

- (1) Victim's name, address, and date of birth.
- (2) Address where burn injury occurred.
- (3) Date and time of injury.
- (4) Degree of burns and percent of body burned.
- (5) Area of body burned.
- (6) Injury severity.
- (7) Apparent cause of burn injury.
- (8) Name and address of reporting facility.
- (9) Attending physician.

HISTORY: P.L.328-1987, § 1.

Burns Ind. Code Ann. § 35-47-7-5. Reporting of injuries caused by manufacture or use of destructive devices

The:

- (1) physician who treats a person; or
- (2) administrator or the administrator's designee of the hospital or outpatient surgical center where a person was treated;

who has reason to believe that the physician or hospital is treating a person for an injury that was inflicted while the person was making or using a destructive device shall report the case to a local law enforcement agency not more than seventy-two (72) hours after the person is treated. The report may be made orally or in writing.

HISTORY: P.L.123-2002, § 46.

Burns Ind. Code Ann. § 35-47.5-4-7. Reporting of injuries related to manufacture of destructive devices

A physician or hospital that has reason to believe that the physician or hospital is treating a person for an injury inflicted while the person was making or using a destructive device shall report the injury to a local law enforcement agency under IC 35-47-7-5.

HISTORY: P.L.123-2002, § 50.

IOWA

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? Iowa law requires other “serious injuries” which appear to have been received in connection with the commission of a criminal offense to report the injuries to law enforcement. Domestic violence that results in serious injury will generally be a crime; therefore, this statute will generally require domestic violence to be reported.

Additional statutes that may impact competent adult victims of domestic violence? Iowa law requires medical providers treating gunshot, stab wound

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

Iowa Code § 147.111. Report of treatment of wounds and other injuries.

Any person licensed under the provisions of this subtitle who shall administer any treatment to any person suffering a gunshot or stab wound or other serious injury, as defined in section 702.18, which appears to have been received in connection with the commission of a criminal offense, or to whom an application is made for treatment of any nature because of any such gunshot or stab wound or other serious injury, as defined in section 702.18, shall at once but not later than twelve hours thereafter, report that fact to the law enforcement agency within whose jurisdiction the treatment was administered or an application therefore was made, or if ascertainable, to the law enforcement agency in whose jurisdiction the gunshot or stab wound or other serious injury occurred, stating the name of such person, the person's residence if ascertainable, and giving a brief description of the gunshot or stab wound or other serious injury. Any provision of law or rule of evidence relative to confidential communications is suspended insofar as the provisions of this section are concerned.

HISTORY: C31, 35, § 2537-d1; C39, § **2537.7**; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, § 147.111

93 Acts, ch 100, § 2; 94 Acts, ch 1132, § 31; 96 Acts, ch 1036, § 30; 98 Acts, ch 1053, § 28; 99 Acts, ch 114, § 8

Iowa Code 147.112 Investigation and report by law enforcement agency.

The law enforcement agency who has received any report required by this chapter and who has any reason to believe that the person injured was involved in the commission of any crime, either as perpetrator or victim, shall at once commence an investigation into the circumstances of the gunshot or stab wound or other serious injury and make a report of the investigation to the

county attorney in whose jurisdiction the gunshot or stab wound or other serious injury occurred. Law enforcement personnel shall not divulge any information received under the provisions of this section and section 147.111 to any person other than a law enforcing officer, and then only in connection with the investigation of the alleged commission of a crime.

HISTORY: C31, 35, § 2537-d2; C39, § 2537.8; C46, 50, 54, 58, 62, 66, 71, 73, 75, 77, 79, 81, § 147.112 93 Acts, ch 100, § 3; 99 Acts, ch 114, § 9

KANSAS

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? It is mandatory to report bullet wounds, gunshot wounds, powder burns and other injuries caused by the discharge of a firearm and wounds which are likely to or may result in death that are apparently inflicted by a knife, ice pick or other pointed instrument.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

KS §21-4213. Unlawful failure to report a wound.

(1) Unlawful failure to report a wound is the failure by an attending physician or other person to report his treatment of any wound, described in subsections (a) and (b) hereafter, to the office of the chief of police of the city or the office of the sheriff of the county in which such treatment took place:

(a) Any bullet wound, gunshot wound, powder burn or other injury arising from or caused by the discharge of a firearm; or

(b) Any wound which is likely to or may result in death and is apparently inflicted by a knife, ice pick, or other sharp or pointed instrument.

(2) Unlawful failure to report a wound is a class C misdemeanor.

KENTUCKY

Specific requirement to report domestic violence? Yes. It is mandatory to report incidents of domestic violence to the Kentucky Cabinet for Family and Children.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? No.

STATUTES THAT MANDATE DOMESTIC VIOLENCE REPORTING

KRS § 209.020. Definitions for chapter

As used in this chapter, unless the context otherwise requires:

- (1) "Secretary" means the secretary of the Cabinet for Families and Children;
- (2) "Cabinet" means the Cabinet for Families and Children;
- (3) "Department" means the Department for Community Based Services of the Cabinet for Families and Children;
- (4) "Adult" means:
 - (a) A person eighteen (18) years of age or older, who because of mental or physical dysfunctioning, is unable to manage his own resources or carry out the activity of daily living or protect himself from neglect, or a hazardous or abusive situation without assistance from others, and who may be in need of protective services; or
 - (b) A person without regard to age who is the victim of abuse and neglect inflicted by a spouse;
- (5) "Protective services" means agency services undertaken with or on behalf of an adult in need of protective services who is being abused, neglected, or exploited. These services may include, but are not limited to conducting investigations of complaints of possible abuse, neglect, or exploitation to ascertain whether or not the situation and condition of the adult in need of protective services warrants further action; social services aimed at preventing and remedying abuse, neglect, and exploitation; and services directed toward seeking legal determination of whether or not the adult in need of protective services has been abused, neglected, or exploited and to ensure that he obtains suitable care in or out of his home;
- (6) "Caretaker" means an individual or institution who has the responsibility for the care of the adult as a result of family relationship, or who has assumed the responsibility for the care of the adult person voluntarily, or by contract, or agreement;
- (7) "Abuse" means the infliction of physical pain, mental injury, or injury of an adult;

(8) "Exploitation" means the improper use of an adult or an adult's resources by a caretaker or other person for the profit or advantage of the caretaker or other person;

(9) "Investigation" shall include, but is not limited to, a personal interview with the individual reported to be abused, neglected, or exploited. When abuse, or neglect is allegedly the cause of death, a coroner's or doctor's report shall be examined as part of the investigation;

(10) "Emergency" means that an adult is living in conditions which present a substantial risk of death or immediate and serious physical harm to himself or others;

(11) "Emergency protective services" are protective services furnished an adult in an emergency;

(12) "Protective placement" means the transfer of an adult from his present living arrangement to another;

(13) "Court" means the Circuit Court or the District Court if no judge of that Circuit Court is present in the county;

(14) "Access to records" means that any representative of the Cabinet for Families and Children actively involved in the conduct of an abuse, neglect, or exploitation investigation under this chapter shall be allowed access to the medical, mental, health, and financial records of the adult that are in the possession of any individual, hospital, firm, corporation or other facility, if necessary to complete the investigation mandated in this chapter; and

(15) "Neglect" means a situation in which an adult is unable to perform or obtain for himself the services which are necessary to maintain his health or welfare, or the deprivation of services by a caretaker which are necessary to maintain the health and welfare of an adult, or a situation in which a person deprives his spouse of reasonable services to maintain health and welfare.

HISTORY: Enact. Acts 1976, ch. 157, § 3; 1978, ch. 370, § 2, effective June 17, 1978; 1980, ch. 372, § 2, effective July 15, 1980; 1986, ch. 56, § 1, effective July 15, 1986; 1998, ch. 370, § 1, effective July 15, 1998; 1998, ch. 426, § 239, effective July 15, 1998; 2000, ch. 14, § 41, effective July 14, 2000.

KRS § 209.030. Rules and regulations -- Reports -- Cabinet actions

(1) The secretary may, within his discretion, adopt such rules, regulations, procedures, guidelines, or any other expressions of policy necessary to effect the purpose of this chapter insofar as such action is reasonably calculated to serve the public interest. The secretary may take necessary action and may offer or cause to be offered protective services toward safeguarding the welfare of an adult who has experienced abuse or neglect, inflicted or caused by a spouse.

(2) Any person, including, but not limited to, physician, law enforcement officer, nurse, social worker, cabinet personnel, coroner, medical examiner, alternate care facility employee, or caretaker,

having reasonable cause to suspect that an adult has suffered abuse, neglect, or exploitation, shall report or cause reports to be made in accordance with the provisions of this chapter. Death of the adult does not relieve one of the responsibility for reporting the circumstances surrounding the death.

(3) An oral or written report shall be made immediately to the cabinet upon knowledge of the occurrence of suspected abuse, neglect, or exploitation of an adult. Any person making such a report shall provide the following information, if known: The name and address of the adult, or of any other person responsible for his care; the age of the adult; the nature and extent of the abuse, neglect, or exploitation, including any evidence of previous abuse, neglect, or exploitation; the identity of the perpetrator, if known; the identity of the complainant, if possible; and any other information that the person believes might be helpful in establishing the cause of abuse, neglect, or exploitation.

(4) Upon receipt of the report, the cabinet shall take the following action as soon as practical:

- (a) Notify the appropriate law enforcement agency;
- (b) Initiate an investigation of the complaint; and
- (c) Make a written report of the initial findings together with a recommendation for further action, if indicated.

(5) Any representative of the cabinet may enter any health facility or health service licensed by the cabinet at any reasonable time to carry out the cabinet's responsibilities under this chapter. Any representative of the cabinet actively involved in the conduct of an abuse, neglect, or exploitation investigation under this chapter shall also be allowed access to the mental and physical health records of the adult which are in the possession of any individual, hospital, or other facility if necessary to complete the investigation mandated by this chapter.

(6) Any representative of the cabinet may with consent of the adult or caretaker enter any private premises where any adult alleged to be abused, neglected, or exploited is found in order to investigate the need for protective services for the purpose of carrying out the provisions of this chapter. If the adult or caretaker does not consent to the investigation, a search warrant may issue upon a showing of probable cause that an adult is being abused, neglected, or exploited, to enable a representative of the cabinet to proceed with the investigation.

(7) If a determination has been made that protective services are necessary when indicated by the investigation, the cabinet shall provide such services within budgetary limitations, except in such cases where an adult chooses to refuse such services.

(8) In the event the adult elects to accept the protective services to be provided by the cabinet, the caretaker shall not interfere with the cabinet when rendering such services.

HISTORY: Enact. Acts 1976, ch. 157, § 4; 1978, ch. 370, § 3, effective June 17, 1978; 1980, ch. 372, § 3, effective July 15, 1980; 1998, ch. 370, § 2, effective July 15, 1998.

LOUISIANA

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? It is mandatory to report gunshot wounds and certain burns.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

La. R.S. § 14:403.4. Burn injuries and wounds; reports; registry; immunity; penalties

A. The purpose of this Section is to combat arson through the rapid identification and apprehension of suspected arsonists who may suffer burn injuries during the commission of their crimes. It is the further intent of this Section to provide for a central registry for burn injuries and wounds data from which effective fire and arson prevention and fire safety education programs may be developed.

B. In every case of a burn injury or wound in which the victim sustains second or third degree burns to five percent or more of the body or any burns to the upper respiratory tract or laryngeal edema due to the inhalation of super-heated air, and every case of a burn injury or wound which is likely to or may result in death shall be reported to the office of state fire marshal, code enforcement and building safety, hereinafter sometimes referred to as the "office". That office shall then immediately notify the appropriate local or state investigatory agency or law enforcement agency of the receipt of such report and its contents.

C. (1) An oral report shall be made within twenty-four hours of the examination or treatment of the victim. The report shall be made by the physician attending or treating the case, or by the manager, superintendent, director, or other person in charge whenever such case is treated in a hospital, burn center, sanitarium, or other medical facility. The report may be recorded electronically or in any other suitable manner, by the office of state fire marshal, code enforcement and building safety.

(2) The oral report shall contain the following information if known:

- (a) Victim's name, address, and date of birth.
- (b) Address where the burn injury occurred.
- (c) Date and time of the burn injury.
- (d) Degree of burns and percent of body burned.

- (e) Area of body injured.
- (f) Injury severity.
- (g) Apparent cause of burn injury.
- (h) Name and address of reporting facility.
- (i) Name of the attending physician.

D. (1) The office shall maintain a central registry of all reported cases of the treatment or examination of persons with burn injuries or wounds. The registry may be used to provide information to those agencies whose duties include the investigation into possible arson activities.

(2) The office of state fire marshal, code enforcement and building safety, may adopt rules and regulations as may be necessary in carrying out the provisions of this Section. Specifically such rules shall provide for cooperation with local investigatory and law enforcement agencies and may also authorize law enforcement personnel and the state fire marshal to review those medical records of reported victims which relate to the burn without the consent of the victim.

E. No cause of action shall exist against any person who in good faith makes a report pursuant to this Section, cooperates in an investigation by any agency, or participates in any judicial proceeding resulting from such report.

F. Any person who knowingly files a false report shall be fined not more than five hundred dollars or imprisoned for not more than six months, or both.

HISTORY: Acts 1988, No. 641, § 1; Acts 1991, No. 657, § 1; Acts 1997, No. 1187, § 2.

La. R.S. § 14:403.5. Gunshot wounds; mandatory reporting

A. The purpose of this Section is to aid law enforcement in combating violent crime through the rapid identification and reporting of all gunshot wounds or injuries treated by any medical professionals, practitioners, or associated personnel.

B. In every case of a gunshot wound or injury presented for treatment to a medical professional, practitioner, or associated person, that professional, practitioner, or associated person shall make an oral notification to either the sheriff of the parish in which the wounded person was presented for treatment, or the chief or superintendent of police in the municipality in which the wounded person was presented for treatment immediately after complying with all applicable state and federal laws, rules, and regulations related to the treatment of emergencies and before the wounded person is released from the hospital. A written notation of this action shall be made on the emergency record.

C. The provisions of this Section shall not apply to any wounds or injuries received from the firing of an air gun.

D. Any report of a gunshot wound or injury required to be reported by this Section which does not result in criminal prosecution shall not become public record and shall be destroyed by the law enforcement agency receiving the information.

E. Any person who fails to file a report under this Section shall be fined not more than five hundred dollars or imprisoned for not more than six months, or both. Any person who knowingly files a false report under this Section shall be fined not more than five hundred dollars or imprisoned for not more than six months, or both.

HISTORY: Acts 1997, No. 1309, § 1.

MAINE

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? It is mandatory to report gunshot wounds within 24 hours of treatment.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

17-A M.R.S. § 512. Failure to report treatment of a gunshot wound

1. A person is guilty of failure to report treatment of a gunshot wound if, being a licensed physician, he treats a human being for a wound apparently caused by the discharge of a firearm and knowingly fails to report the same to a law enforcement officer within 24 hours.

2. Failure to report treatment of a gunshot wound is a Class E crime.

MARYLAND

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? It is mandatory to report gunshot wounds.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

Md. HEALTH-GENERAL Code Ann. § 20-703. Gunshot

(a) Required. -- A physician, pharmacist, dentist, or nurse who treats an individual for an injury that was caused or shows evidence of having been caused by a gunshot of any type, or the individual in charge of a hospital that treats the injured individual, shall notify the county sheriff, the county police, or the Department of State Police of the injury as soon as practicable.

(b) Contents. -- A report of injury shall include:

- (1) The injured individual's name and address, if known;
- (2) A description of the injury; and
- (3) Any other facts concerning the matter that might assist in detecting crime.

(c) Penalty. -- A person who fails to make a report required by this section is guilty of a misdemeanor and on conviction is subject to a fine not exceeding \$ 25.

HISTORY: An. Code 1957, art. 27, § 336A; 2002, ch. 26, § 4.

MASSACHUSETTS

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? No. It is mandatory to report rape and sexual assault; however, the report may not include the victim's name, address or any other identifying information. Massachusetts also has mandatory reporting for bullet wounds, gunshot wounds and other injuries caused by firearms, certain burns, and injuries caused by a knife or sharp pointed instrument if, in the physician's opinion, a criminal act was involved.

STATUTES THAT MANDATE RAPE REPORTING

ALM GL ch. 112, § 12A1/2 (2005): Mandatory reporting required

§ 12A1/2. Reporting of Rape or Sexual Assault Crimes; Confidentiality of Victim's Identity; Penalty.

Every physician attending, treating, or examining a victim of rape or sexual assault, or, whenever any such case is treated in a hospital, sanatorium or other institution, the manager, superintendent or other person in charge thereof, shall report such case at once to the criminal history systems board and to the police of the town where the rape or sexual assault occurred but shall not include the victim's name, address, or any other identifying information. The report shall describe the general area where the attack occurred.

Whoever violates any provision of this section shall be punished by a fine of not less than fifty dollars nor more than one hundred dollars.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

ALM GL ch. 112, § 12A. Reports of Treatment of Certain Wounds, etc.; Exceptions; Penalty.

Every physician attending or treating a case of bullet wound, gunshot wound, powder burn or any other injury arising from or caused by the discharge of a gun, pistol, BB gun, or other air rifle or firearm, or examining or treating a person with a burn injury affecting five per cent or more of the surface area of his body, or, whenever any such case is treated in a hospital, sanatorium or other institution, the manager, superintendent or other person in charge thereof, shall report such case at

once to the colonel of the state police and to the police of the town where such physician, hospital, sanatorium or institution is located or, in the case of burn injuries, notification shall be made at once to the state fire marshal and to the police of the town where the burn injury occurred. This section shall not apply to such wounds, burns or injuries received by any member of the armed forces of the United States or of the commonwealth while engaged in the actual performance of duty. Every physician attending or treating a case of wound or injury caused by a knife or sharp or pointed instrument shall, if in his opinion a criminal act was involved, report such case forthwith to the police authorities of the town in which he attended or treated such wound or injury. Whoever violates any provision of this section shall be punished by a fine of not less than fifty nor more than one hundred dollars. The colonel of state police shall make available to the commissioner of public health all reports regarding: (i) bullet wounds, gunshot wounds, powder burns or any other injury arising from or caused by the discharge of a rifle, shotgun, firearm or air rifle; (ii) burn injuries affecting 5 per cent or more of the surface area of the human body; and (iii) wounds or injuries caused by a knife or other sharp or pointed instrument; provided, however, that personal information identifying the victim or the perpetrator may be redacted if the release of such information may compromise an investigation.

HISTORY:

1927, 69; 1943, 41; 1962, 407; 1963, 108; 1982, 218; 1986, 231; 1986, 557, § 106; 1996, 151, §§ 268, 269; 1998, 180, § 5; 1998, 358, § 2

ALM GL ch. 268, § 40. Failure of Witness to Report Aggravated Rape, Rape, Murder, Manslaughter, or Armed Robbery; Penalty.

Whoever knows that another person is a victim of aggravated rape, rape, murder, manslaughter or armed robbery and is at the scene of said crime shall, to the extent that said person can do so without danger or peril to himself or others, report said crime to an appropriate law enforcement official as soon as reasonably practicable. Any person who violates this section shall be punished by a fine of not less than five hundred nor more than two thousand and five hundred dollars.

HISTORY:

1927, 69; 1943, 41; 1962, 407; 1963, 108; 1982, 218; 1986, 231; 1986, 557, § 106; 1996, 151, §§ 268, 269; 1998, 180, § 5; 1998, 358, § 2

MICHIGAN

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? It is mandatory to report wounds or other injuries inflicted by means of a knife, gun, pistol, other deadly weapon or other means of violence.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

MCLS § 750.411 Hospitals, pharmacies, physicians; duty to report injuries; violation as misdemeanor; immunity; limitations.

(1) A person, firm, or corporation conducting a hospital or pharmacy in this state, the person managing or in charge of a hospital or pharmacy, or the person in charge of a ward or part of a hospital to which 1 or more persons come or are brought suffering from a wound or other injury inflicted by means of a knife, gun, pistol, or other deadly weapon, or by other means of violence, has a duty to report that fact immediately, both by telephone and in writing, to the chief of police or other head of the police force of the village or city in which the hospital or pharmacy is located, or to the county sheriff if the hospital or pharmacy is located outside the incorporated limits of a village or city. The report shall state the name and residence of the person, if known, his or her whereabouts, and the cause, character, and extent of the injuries and may state the identification of the perpetrator, if known.

(2) A physician or surgeon who has under his or her charge or care a person suffering from a wound or injury inflicted in the manner described in subsection (1) has a duty to report that fact in the same manner and to the same officer as required by subsection (1).

(3) A person, firm, or corporation that violates this section is guilty of a misdemeanor.

(4) To the extent not protected by the immunity conferred by 1964 PA 170, MCL 691.1401 to 691.1415, a person who makes a report in good faith under subsection (1) or (2) or who cooperates in good faith in an investigation, civil proceeding, or criminal proceeding conducted as a result of such a report is immune from civil or criminal liability that would otherwise be incurred by making the report or cooperating in the investigation or civil or criminal proceeding. A person who makes a report under subsection (1) or (2) or who cooperates in an investigation, civil proceeding, or criminal proceeding conducted as a result of such a report is presumed to have acted in good faith. The presumption created by this subsection may be rebutted only by clear and convincing evidence.

(5) The immunity from civil and criminal liability granted under subsection (4) extends only to the actions described in subsection (4) and does not extend to another act or omission that is negligent or that amounts to professional malpractice, or both, and that causes personal injury or death.

(6) The physician-patient privilege created under section 2157 of the revised judicature act of 1961, 1961 PA 236, MCL 600.2157, a health professional-patient privilege created under article 15 of the public health code, 1978 PA 368, MCL 333.16101 to 333.18838, and any other health professional-patient privilege created or recognized by law do not apply to a report made under subsection (1) or (2), are not valid reasons for a failure to comply with subsection (1) or (2), and are not a defense to a misdemeanor charge filed under this section.

MINNESOTA

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? Health care providers are required to report gunshot wounds, burns, and other injuries the medical provider has reasonable cause to believe have been inflicted by a perpetrator of a crime by a dangerous weapon other than a firearm.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

Minn. Stat. § 626.52 Reporting of suspicious wounds by health professionals

Subdivision 1. Definition. As used in this section, "health professional" means a physician, surgeon, person authorized to engage in the practice of healing, superintendent or manager of a hospital, nurse, or pharmacist.

Subd. 2. Health professionals required to report. A health professional shall immediately report, as provided under section 626.53, to the local police department or county sheriff all bullet wounds, gunshot wounds, powder burns, or any other injury arising from, or caused by the discharge of any gun, pistol, or any other firearm, which wound the health professional is called upon to treat, dress, or bandage.

A health professional shall report to the proper police authorities any wound that the reporter has reasonable cause to believe has been inflicted on a perpetrator of a crime by a dangerous weapon other than a firearm as defined under section 609.02, subdivision 6.

Subd. 3. Reporting burns. A health professional shall file a written report with the state fire marshal within 72 hours after being notified of a burn injury or wound that the professional is called upon to treat, dress, or bandage, if the victim has sustained second- or third-degree burns to five percent or more of the body, the victim has sustained burns to the upper respiratory tract or sustained laryngeal edema from inhaling superheated air, or the victim has sustained a burn injury or wound that may result in the victim's death. The state fire marshal shall provide the form for the report.

Subd. 4. Immunity from liability. Any person reporting in good faith and exercising due care shall have immunity from any liability, civil or criminal, that otherwise might result by reason of the person's actions pursuant to this section or section 626.53. No cause of action may be brought

against any person for not making a report pursuant to this section or section 626.53.

(9950-22a) 1935 c 165 s 1; 1963 c 489 s 1; 1965 c 759 s 1; 1985 c 288 s 1; 1986 c 444; 1988 c 548 s 1,2; 1989 c 290 art 8 s 3; 1Sp2001 c 8 art 12 s 17

MISSISSIPPI

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? It is a mandatory to report injuries caused by gunshot or knifing.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

MS § 45-9-31. Duty to report

Any physician, surgeon, dentist, veterinarian, paramedical employee, or nurse, or any employee of a hospital, clinic, or any other medical institution or office where patients regularly receive care, who treats, at any location, any human being suffering from a wound or injury and who has reason to believe or ought to know that the wound or injury was caused by gunshot or knifing, or receiving a request for such treatment, shall report the same immediately to the municipal police department or sheriff's office of the municipality or county in which such treatment is administered or request for such treatment is received. If the wound or injury is the result of a hunting or boating accident, the injury shall be reported immediately to the Mississippi Department of Wildlife, Fisheries and Parks.

Any person making a report or the reports required by this section shall be immune from civil liability for the making of the said reports.

MISSOURI

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? Gunshot wounds are required to be reported.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

R.S. Mo. § 578.350. Gunshot wounds--physicians, nurses, therapists, duty to report, content--violation, penalty

1. Any person licensed under chapter 334 or 335, RSMo, who treats a person for a wound inflicted by gunshot shall immediately report to a local law enforcement official the name and address of the person, if known, and if unknown, a description of the person, together with an explanation of the nature of the wound and the circumstances under which the treatment was rendered.
2. Any person licensed under chapter 334 or 335, RSMo, who knowingly fails to report the injuries described in this section is guilty of the offense of medical deception.
3. Medical deception is an infraction.

MONTANA

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? There is a duty to report that a victim has been stabbed or shot.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

Mont. Code Anno. § 37-2-302 Gunshot or stab wounds to be reported.

The physician, nurse, or other person licensed to practice a health care profession treating the victim of a gunshot wound or stabbing shall make a report to a law enforcement officer by the fastest possible means. Within 24 hours after initial treatment or first observation of the wound, a written report shall be submitted, including the name and address of the victim, if known, and shall be sent by regular mail.

NEBRASKA

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? Yes. It is mandatory to report wounds or injuries of violence which appear to have been received in connection with the commission of a criminal offense. Domestic violence that results in injury will generally be a crime; therefore, this statute will generally require domestic violence to be reported.

Additional statutes that may impact competent adult victims of domestic violence? No.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

R.R.S. Neb. § 28-902 Failure to report injury of violence; physician or surgeon; emergency room or first-aid station attendant; penalty

(1) Every person engaged in the practice of medicine and surgery, or who is in charge of any emergency room or first-aid station in this state, shall report every case, in which he is consulted for treatment or treats a wound or injury of violence which appears to have been received in connection with the commission of a criminal offense, immediately to the chief of police of the municipality or to the sheriff of the county wherein the consultation or treatment occurs. Such report shall include the name of such person, the residence, if ascertainable, and a brief description of the injury. Any provision of law or rule of evidence relative to confidential communications is suspended insofar as the provisions of this section are concerned.

(2) Any person who fails to make the report required by subsection (1) of this section commits a Class III misdemeanor.

HISTORY: Laws 1977, LB 38, § 187.

NEVADA

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? It is mandatory to report knife and gunshot wounds not inflicted under accidental circumstances as well as certain burns.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

NRS § 629.041. Provider of health care to report persons having certain injuries

Every provider of health care to whom any person comes or is brought for treatment of an injury which appears to have been inflicted by means of a firearm or knife, not under accidental circumstances, shall promptly report the person's name, if known, his location and the character and extent of the injury to an appropriate law enforcement agency.

NRS § 629.045. Provider of health care to report persons having certain burns

1. Every provider of health care to whom any person comes or is brought for the treatment of:

(a) Second or third degree burns to 5 percent or more of his body;

(b) Burns to his upper respiratory tract or laryngeal edema resulting from the inhalation of heated air; or

(c) Burns which may result in death,

shall promptly report that information to the appropriate local fire department.

2. The report required by subsection 1 must include:

(a) The name and address of the person treated, if known;

(b) The location of the person treated; and

(c) The character and extent of his injuries.

3. A person required to make a report pursuant to subsection 1 shall, within 3 working days after treating the person, submit a written report to:

- (a) The appropriate local fire department in counties whose population is 40,000 or more; or
- (b) The state fire marshal in counties whose population is less than 40,000.

The report must be on a form provided by the state fire marshal.

4. A provider of health care, his agents and employees are immune from any civil action for any disclosures made in good faith in accordance with the provisions of this section or any consequential damages.

NEW HAMPSHIRE

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? Yes, however, there is an exception for sexual assault victims 18 years and older not also suffering from a gunshot wound or other serious bodily injury. Domestic violence that results in injury will generally be a crime; therefore, this statute will generally require domestic violence to be reported.

Additional statutes that may impact competent adult victims of domestic violence? There is a requirement that gunshot wounds be reported; however, there is an exception for sexual assault victims 18 years and older not also suffering from a gunshot wound or other serious bodily injury.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

RSA § 631:6. Failure to Report Injuries

I. Except as provided in paragraph II, a person is guilty of a misdemeanor if, having knowingly treated or assisted another for a gunshot wound or for any other injury he believes to have been caused by a criminal act, he fails immediately to notify a law enforcement official of all the information he possesses concerning the injury.

II. A person who has rendered treatment or assistance is excepted from the reporting provisions of paragraph I if the person seeking or receiving treatment or other assistance: (a) is 18 years of age or older, (b) has been a victim of a sexual assault offense or abuse as defined in RSA 173-B:1, and (c) objects to the release of any information to law enforcement officials. This exception shall not apply if the sexual assault or abuse victim is also being treated for a gunshot wound or other serious bodily injury.

III. [Repealed.]

NEW JERSEY

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? It is mandatory to report gunshot wounds, stab wounds, and wounds caused by destructive devices, explosives or weapons as well as certain burns.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

N.J. Stat. § 2C:58-8. Certain wounds and injuries to be reported

a. Every case of a wound, burn or any other injury arising from or caused by a firearm, destructive device, explosive or weapon shall be reported at once to the police authorities of the municipality where the person reporting is located or to the State Police by the physician consulted, attending or treating the case or the manager, superintendent or other person in charge, whenever such case is presented for treatment or treated in a hospital, sanitarium or other institution. This subsection shall not, however, apply to wounds, burns or injuries received by a member of the armed forces of the United States or the State of New Jersey while engaged in the actual performance of duty.

b. Every case which contains the criteria defined in this subsection shall be reported at once to the police authorities of the municipality where the person reporting is located, or to the Division of State Police, by the physician consulted, attending, or treating the injury, or by the manager, superintendent, or other person in charge, whenever such case is presented for treatment or treated in a hospital, sanitarium or any other institution, facility, or office where medical care is provided. This subsection shall not apply to injuries received by a member of the armed forces of the United States or the State of New Jersey while engaged in the actual performance of duty.

The defined criteria shall consist of a flame burn injury accompanied by one or more of the following factors:

- (1) A fire accelerant was used in the incident causing the injury and the presence of an accelerant creates a reasonable suspicion that the patient committed arson in violation of N.J.S. 2C:17-1.
- (2) Treatment for the injury was sought after an unreasonable delay of time.

(3) Changes or discrepancies in the account of the patient or accompanying person concerning the cause of the injury which creates a reasonable suspicion that the patient committed arson in violation of N.J.S. 2C:17-1.

(4) Voluntary statement by the patient or accompanying person that the patient was injured during the commission of arson in violation of N.J.S. 2C:17-1.

(5) Voluntary statement by the patient or accompanying person that the patient was injured during a suicide attempt or the commission of criminal homicide in violation of N.J.S. 2C:11-1.

(6) Voluntary statement by the patient or accompanying person that the patient has exhibited fire setting behavior prior to the injury or has received counseling for such behavior.

(7) Any other factor determined by the bureau of fire safety in the Department of Community Affairs from information in the burn patient arson registry established under section 4 of P.L.1991, c.433 (C.52:27D-25d3) to typify a patient whose injuries were caused during the commission of arson in violation of N.J.S. 2C:17-1.

NEW MEXICO

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? No.

NEW YORK

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? It is mandatory to report bullet wounds, gunshot wounds, and wounds that are actually or apparently inflicted by a knife, icepick or other sharp or pointed instrument that are likely to or may result in death. In addition, certain burn injuries must be reported.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

NY CLS Penal § 265.25. Certain wounds to be reported

Every case of a bullet wound, gunshot wound, powder burn or any other injury arising from or caused by the discharge of a gun or firearm, and every case of a wound which is likely to or may result in death and is actually or apparently inflicted by a knife, icepick or other sharp or pointed instrument, shall be reported at once to the police authorities of the city, town or village where the person reporting is located by: (a) the physician attending or treating the case; or (b) the manager, superintendent or other person in charge, whenever such case is treated in a hospital, sanitarium or other institution. Failure to make such report is a class A misdemeanor. This subdivision shall not apply to such wounds, burns or injuries received by a member of the armed forces of the United States or the state of New York while engaged in the actual performance of duty.

HISTORY: Add, L 1965, ch 1030, § 1, eff Sept 1, 1967, with substance derived from § 1902(4).

NY CLS Penal § 265.26. Burn injury and wounds to be reported

Every case of a burn injury or wound, where the victim sustained second or third degree burns to five percent or more of the body and/or any burns to the upper respiratory tract or laryngeal edema due to the inhalation of super-heated air, and every case of a burn injury or wound which is likely to or may result in death, shall be reported at once to the office of fire prevention and control. The state fire administrator shall accept the report and notify the proper investigatory agency. A written report shall also be provided to the office of fire prevention and control within seventy-two hours. The report shall be made by (a) the physician attending or treating the case; or (b) the manager, superintendent or other person in charge, whenever such case is treated in a hospital, sanitarium, institution or other medical facility.

The intentional failure to make such report is a class A misdemeanor.

NORTH CAROLINA

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? Yes. It is mandatory to report injuries or illnesses in which there is grave bodily harm or grave illness if it appears that the wound or injury resulted from a criminal act of violence. Domestic violence that results in injury will generally be a crime; therefore, this statute will require domestic violence to be reported if the injury gave rise to grave bodily harm.

Additional statutes that may impact competent adult victims of domestic violence? It is mandatory to report bullet wounds, gunshot wounds, injuries which appear to be caused by the discharge of a gun or firearm, illnesses apparently caused by poisoning, wounds or injuries caused or apparently caused by knives or sharp pointed instruments if it appears that a criminal act was involved and wounds.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

N.C. Gen. Stat. § 90-21.20. Reporting by physicians and hospitals of wounds, injuries and illnesses

(a) Such cases of wounds, injuries or illnesses as are enumerated in subsection (b) shall be reported as soon as it becomes practicable before, during or after completion of treatment of a person suffering such wounds, injuries, or illnesses. If such case is treated in a hospital, sanitarium or other medical institution or facility, such report shall be made by the Director, Administrator, or other person designated by the Director or Administrator, or if such case is treated elsewhere, such report shall be made by the physician or surgeon treating the case, to the chief of police or the police authorities of the city or town of this State in which the hospital or other institution, or place of treatment is located. If such hospital or other institution or place of treatment is located outside the corporate limits of a city or town, then the report shall be made by the proper person in the manner set forth above to the sheriff of the respective county or to one of his deputies.

(b) Cases of wounds, injuries or illnesses which shall be reported by physicians, and hospitals include every case of a bullet wound, gunshot wound, powder burn or any other injury arising from or caused by, or appearing to arise from or be caused by, the discharge of a gun or firearm, every case of illness apparently caused by poisoning, every case of a wound or injury caused, or apparently caused, by a knife or sharp or pointed instrument if it appears to the physician or surgeon treating the case that a criminal act was involved, and every case of a wound, injury or illness in which there is grave bodily harm or grave illness if it appears to the physician or

surgeon treating the case that the wound, injury or illness resulted from a criminal act of violence.

(c) Each report made pursuant to subsections (a) and (b) above shall state the name of the wounded, ill or injured person, if known, and the age, sex, race, residence or present location, if known, and the character and extent of his injuries.

(d) Any hospital, sanitarium, or other like institution or Director, Administrator, or other designated person, or physician or surgeon participating in good faith in the making of a report pursuant to this section shall have immunity from any liability, civil or criminal, that might otherwise be incurred or imposed as the result of the making of such report.

NORTH DAKOTA

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? Yes. Domestic violence that results in injury will generally be a crime; therefore, this statute will generally require domestic violence to be reported.

Additional statutes that may impact competent adult victims of domestic violence? It is mandatory to report injuries inflicted by a knife, gun or pistol.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

N.D. Cent. Code, § 43-17-41. Duty of physicians and others to report injury -- Penalty

1. Any physician, physician assistant, or any individual licensed under chapter 43-12.1 who performs any diagnosis or treatment for any individual suffering from any wound, injury, or other physical trauma:

a. Inflicted by the individual's own act or by the act of another by means of a knife, gun, or pistol shall as soon as practicable report the wound, injury, or trauma to a law enforcement agency in the county in which the care was rendered; or

b. Which the individual performing diagnosis or treatment has reasonable cause to suspect was inflicted in violation of any criminal law of this state, shall as soon as practicable report the wound, injury, or trauma to a law enforcement agency in the county in which the care was rendered.

2. The report under subsection 1 must state the name of the injured individual and the character and extent of the individual's injuries.

3. When a report of domestic violence, as defined in section 14-07.1-01, or a report of physical injury resulting from a sexual offense, as defined in chapter 12.1-20, is made to a law enforcement agency as required by this section, the injured individual must be provided with information regarding a domestic violence sexual assault organization as defined in section 14-07.1-01 or other victims' assistance program by the physician, physician assistant, or any individual licensed under chapter 43-12.1, unless it is known that the information has previously been provided to the injured individual.

4. The reports mandated by this section must be made as soon as practicable and may be either oral or in writing. Oral reports must be followed by written reports within forty-eight hours if so

requested by the sheriff or state's attorney to whom the oral report is originally made.

5. Any individual required to report as provided by this section who willfully fails to do so is guilty of an infraction.

6. Any individual making or not making a report in good faith pursuant to this section is immune from liability for making or not making a report.

OHIO

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? Yes. It is a misdemeanor for any person having knowledge that a felony has been committed to knowingly fail to report it; however, domestic violence must be noted in the patient's record but not reported.

Additional statutes that may impact competent adult victims of domestic violence? Gunshot wounds, stab wounds, serious physical harm that there is reason to believe resulted from an offense of violence and second degree burns or higher must be reported. Note that domestic violence must be noted in the patient's record but not reported.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

ORC Ann. § 2921.22. Failure to report a crime or knowledge of a death or burn injury

(A) No person, knowing that a felony has been or is being committed, shall knowingly fail to report such information to law enforcement authorities.

(B) Except for conditions that are within the scope of division (E) of this section, no physician, limited practitioner, nurse, or other person giving aid to a sick or injured person shall negligently fail to report to law enforcement authorities any gunshot or stab wound treated or observed by the physician, limited practitioner, nurse, or person, or any serious physical harm to persons that the physician, limited practitioner, nurse, or person knows or has reasonable cause to believe resulted from an offense of violence.

(C) No person who discovers the body or acquires the first knowledge of the death of a person shall fail to report the death immediately to a physician whom the person knows to be treating the deceased for a condition from which death at such time would not be unexpected, or to a law enforcement officer, an ambulance service, an emergency squad, or the coroner in a political subdivision in which the body is discovered, the death is believed to have occurred, or knowledge concerning the death is obtained.

(D) No person shall fail to provide upon request of the person to whom a report required by division (C) of this section was made, or to any law enforcement officer who has reasonable cause to assert the authority to investigate the circumstances surrounding the death, any facts within the person's knowledge that may have a bearing on the investigation of the death.

(E) (1) As used in this division, "burn injury" means any of the following:

- (a) Second or third degree burns;
 - (b) Any burns to the upper respiratory tract or laryngeal edema due to the inhalation of superheated air;
 - (c) Any burn injury or wound that may result in death;
 - (d) Any physical harm to persons caused by or as the result of the use of fireworks, novelties and trick noisemakers, and wire sparklers, as each is defined by section 3743.01 of the Revised Code.
- (2) No physician, nurse, or limited practitioner who, outside a hospital, sanitarium, or other medical facility, attends or treats a person who has sustained a burn injury that is inflicted by an explosion or other incendiary device or that shows evidence of having been inflicted in a violent, malicious, or criminal manner shall fail to report the burn injury immediately to the local arson, or fire and explosion investigation, bureau, if there is a bureau of this type in the jurisdiction in which the person is attended or treated, or otherwise to local law enforcement authorities.
- (3) No manager, superintendent, or other person in charge of a hospital, sanitarium, or other medical facility in which a person is attended or treated for any burn injury that is inflicted by an explosion or other incendiary device or that shows evidence of having been inflicted in a violent, malicious, or criminal manner shall fail to report the burn injury immediately to the local arson, or fire and explosion investigation, bureau, if there is a bureau of this type in the jurisdiction in which the person is attended or treated, or otherwise to local law enforcement authorities.
- (4) No person who is required to report any burn injury under division (E)(2) or (3) of this section shall fail to file, within three working days after attending or treating the victim, a written report of the burn injury with the office of the state fire marshal. The report shall comply with the uniform standard developed by the state fire marshal pursuant to division (A)(15) of section 3737.22 of the Revised Code
- (5) Anyone participating in the making of reports under division (E) of this section or anyone participating in a judicial proceeding resulting from the reports is immune from any civil or criminal liability that otherwise might be incurred or imposed as a result of such actions. Notwithstanding section 4731.22 of the Revised Code, the physician-patient relationship is not a ground for excluding evidence regarding a person's burn injury or the cause of the burn injury in any judicial proceeding resulting from a report submitted under division (E) of this section.
- (F) (1) Any doctor of medicine or osteopathic medicine, hospital intern or resident, registered or licensed practical nurse, psychologist, social worker, independent social worker, social work

assistant, professional clinical counselor, or professional counselor who knows or has reasonable cause to believe that a patient or client has been the victim of domestic violence, as defined in section 3113.31 of the Revised Code, shall note that knowledge or belief and the basis for it in the patient's or client's records.

(2) Notwithstanding section 4731.22 of the Revised Code, the doctor-patient privilege shall not be a ground for excluding any information regarding the report containing the knowledge or belief noted under division (F)(1) of this section, and the information may be admitted as evidence in accordance with the Rules of Evidence.

(G) Divisions (A) and (D) of this section do not require disclosure of information, when any of the following applies:

(1) The information is privileged by reason of the relationship between attorney and client; doctor and patient; licensed psychologist or licensed school psychologist and client; member of the clergy, rabbi, minister, or priest and any person communicating information confidentially to the member of the clergy, rabbi, minister, or priest for a religious counseling purpose of a professional character; husband and wife; or a communications assistant and those who are a party to a telecommunications relay service call.

(2) The information would tend to incriminate a member of the actor's immediate family.

(3) Disclosure of the information would amount to revealing a news source, privileged under section 2739.04 or 2739.12 of the Revised Code.

(4) Disclosure of the information would amount to disclosure by a member of the ordained clergy of an organized religious body of a confidential communication made to that member of the clergy in that member's capacity as a member of the clergy by a person seeking the aid or counsel of that member of the clergy.

(5) Disclosure would amount to revealing information acquired by the actor in the course of the actor's duties in connection with a bona fide program of treatment or services for drug dependent persons or persons in danger of drug dependence, which program is maintained or conducted by a hospital, clinic, person, agency, or organization certified pursuant to section 3893.06 of the Revised Code.

(6) Disclosure would amount to revealing information acquired by the actor in the course of the actor's duties in connection with a bona fide program for providing counseling services to victims of crimes that are violations of section 2907.02 or 2907.05 of the Revised Code or to victims of felonious sexual penetration in violation of former section 2907.12 of the Revised Code. As used in this division, "counseling services" include services provided in an informal setting by a person

who, by education or experience, is competent to provide those services.

(H) No disclosure of information pursuant to this section gives rise to any liability or recrimination for a breach of privilege or confidence.

(I) Whoever violates division (A) or (B) of this section is guilty of failure to report a crime. Violation of division (A) of this section is a misdemeanor of the fourth degree. Violation of division (B) of this section is a misdemeanor of the second degree.

(J) Whoever violates division (C) or (D) of this section is guilty of failure to report knowledge of a death, a misdemeanor of the fourth degree.

(K) (1) Whoever negligently violates division (E) of this section is guilty of a minor misdemeanor.

(2) Whoever knowingly violates division (E) of this section is guilty of a misdemeanor of the second degree.

OKLAHOMA

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? There is not a statutory requirement to report criminally inflicted injuries when the victim is an adult; however, many hospitals interpret 10 Okl. St. § 7104 as requiring a report.

Additional statutes that may impact competent adult victims of domestic violence? No, however, a statute was recently passed stating that it is an option to report a rape if the victim requests it.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

10 Okl. St. § 7104. Report of criminally inflicted injuries⁴

Any physician, surgeon, resident, intern, physician's assistant, registered nurse, or any other health care professional examining, attending, or treating the victim of what appears to be criminally injurious conduct, including, but not limited to, child physical or sexual abuse, as defined by the Oklahoma Crime Victims Compensation Act, shall report orally or by telephone the matter promptly to the nearest law enforcement agency in the county wherein the criminally injurious conduct occurred, or if the location where the conduct occurred is unknown, the report shall be made to the law enforcement agency nearest to the location where the injury is treated.

However, criminally injurious conduct which appears to be or is reported by the victim to be domestic abuse, as defined in Section 60.1 of Title 22 of the Oklahoma Statutes, domestic abuse by strangulation, domestic abuse resulting in great bodily harm, or domestic abuse in the presence of a minor child, as defined in Section 644 of Title 21 of the Oklahoma Statutes, shall be reported according to the standards for reporting as set forth in the Domestic Abuse Reporting Act and Sections 3 and 4 of this act.

⁴Note that this statute appears in Chapter 71 of Title 10 which is Oklahoma's Child Abuse Reporting and Prevention Act; therefore, it should not apply to competent adult victims. However, it is included because, in practice, many hospitals interpret this statute as applying to competent adults.

OREGON

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? Injuries inflicted by a knife, gun, pistol or other deadly weapon by other than accidental means must be reported.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

ORS § 146.710. Definition for ORS 146.710 to 146.780.

As used in ORS 146.710 to 146.780, "injury" means a physical injury caused by a knife, gun, pistol or other deadly weapon.

ORS § 146.730. Investigation.

An investigation of an injury may be made by a medical examiner whenever the injury occurred under suspicious or unknown circumstances. All authority granted to the medical examiner by ORS 146.003 to 146.165 and 146.710 to 146.992 may be exercised in making such investigation.

ORS § 146.740. Reports of medical examiner.

Whenever the medical examiner concludes that a crime may have been committed by any person in causing the injury, the medical examiner shall report the conclusion to the district attorney.

ORS § 146.750. Injuries to be reported to medical examiner.

(1) Except as required in subsection (3) of this section, any physician, including any intern and resident, having reasonable cause to suspect that a person brought to the physician or coming before the physician for examination, care or treatment has had injury, as defined in ORS 146.710, inflicted upon the person other than by accidental means, shall report or cause reports to be made in accordance with the provisions of subsection (2) of this section.

(2) An oral report shall be made immediately by telephone or otherwise, and followed as soon thereafter as possible by a report in writing, to the appropriate medical examiner.

(3) When either an injury as defined in ORS 146.710 or abuse as defined in ORS 419B.005 occurs to an unmarried person who is under 18 years of age, the provisions of ORS 419B.005 to 419B.050 shall apply.

PENNSYLVANIA

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? Yes, however, domestic violence is an exception to this requirement.

Additional statutes that may impact competent adult victims of domestic violence? Injuries caused by firearms must be reported unless they were caused by domestic violence.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

18 Pa.C.S. § 5106. Failure to report injuries by firearm or criminal act

(a) OFFENSE DEFINED.-- Except as set forth in subsection (a.1), a physician, intern or resident, or any person conducting, managing or in charge of any hospital or pharmacy, or in charge of any ward or part of a hospital, to whom shall come or be brought any person:

(1) suffering from any wound or other injury inflicted by his own act or by the act of another which caused death or serious bodily injury, or inflicted by means of a deadly weapon as defined in section 2301 (relating to definitions); or

(2) upon whom injuries have been inflicted in violation of any penal law of this Commonwealth; commits a summary offense if the reporting party fails to report such injuries immediately, both by telephone and in writing, to the chief of police or other head of the police department of the local government, or to the Pennsylvania State Police. The report shall state the name of the injured person, if known, the injured person's whereabouts and the character and extent of the person's injuries.

(A.1) EXCEPTION.-- In cases of bodily injury as defined in section 2301 (relating to definitions), failure to report under subsection (a)(2) does not constitute an offense if all of the following apply:

- (1) The victim is an adult and has suffered bodily injury.
- (2) The injury was inflicted by an individual who:
 - (i) is the current or former spouse of the victim;
 - (ii) is a current or former sexual or intimate partner of the victim;
 - (iii) shares biological parenthood with the victim; or

(iv) is or has been living as a spouse of the victim.

(3) The victim has been informed:

(i) of the duty to report under subsection (a)(2); and

(ii) that the report under subsection (a)(2) cannot be made without the victim's consent.

(4) The victim does not consent to the report under subsection (a)(2).

(5) The victim has been provided with a referral to the appropriate victim service agency such as a domestic violence or sexual assault program.

(b) **IMMUNITY GRANTED.**-- No physician or other person shall be subject to civil or criminal liability by reason of complying with this section.

(c) **PHYSICIAN-PATIENT PRIVILEGE UNAVAILABLE.**-- In any judicial proceeding resulting from a report pursuant to this section, the physician-patient privilege shall not apply in respect to evidence regarding such injuries or the cause thereof. This subsection shall not apply where a report is not made pursuant to subsection (a.1).

(d) **REPORTING OF CRIME ENCOURAGED.**-- Nothing in this chapter precludes a victim from reporting the crime that resulted in injury.

(e) **AVAILABILITY OF INFORMATION.**-- A physician or other individual may make available information concerning domestic violence or sexual assault to any individual subject to the provisions of this chapter.

RHODE ISLAND

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? There is a requirement that gunshot wounds be reported.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

R.I. Gen. Laws § 11-47-48. Report of gunshot wounds

Every physician attending or treating a case of bullet wound, gunshot wound, powder burn, or any other injury arising from or caused by the discharge of a gun, pistol, or other firearm, or whenever any case is treated in a hospital, sanitarium, dispensary, or other institution the person in charge of it, shall report the case at once to the police authorities of the town or city where the physician, hospital, sanitarium, dispensary or institution is located. This section shall not apply to wounds, burns, or injuries received by any member of the armed forces of the United States or of this state while engaged in the actual performance of duty. Whoever violates any provision of this section shall be punished by a fine of not less than fifty dollars (\$ 50.00) nor more than one hundred dollars (\$ 100).

HISTORY: P.L. 1929, ch. 1384, § 1; G.L. 1938, ch. 607, § 13; G.L. 1956, § 11-47-38; G.L. 1956, § 11-47-48; P.L. 1959, ch. 75, § 1.

SOUTH CAROLINA

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? There is a requirement that gunshot wounds be reported.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

S.C. Code Ann. § 16-3-1072. Reporting medical treatment for gunshot wound; immunity; physician-patient privilege abrogated; penalties.

(A) Any physician, nurse, or any other medical or emergency medical services personnel of a hospital, clinic, or other health care facility or provider who knowingly treats any person suffering from a gunshot wound or who receives a request for such treatment shall report within a reasonable time the existence of the gunshot wound to the sheriff's department of the county in which the treatment is administered or a request is received. However, no report is necessary if a law enforcement officer is present with the victim while treatment is being administered.

(B) The reports provided for in subsection (A) may be made orally, or otherwise. A hospital, clinic, or other health care facility or provider may designate an individual to make the reports provided for in this section. However, a report must be made as soon as possible, but no later than the time of the victim's release from that facility.

(C) A person required to make a report pursuant to this section or who participates in judicial proceedings resulting from the report, acting in good faith, is immune from civil and criminal liability which might otherwise result by reason of these actions. In all such civil and criminal proceedings, good faith is rebuttably presumed.

(D) For purposes of this section, the confidential or privileged nature of communication between physician and patient and any other professional person and his patient or client is abrogated and does not constitute grounds for failure to report or the exclusion of evidence resulting from a report made pursuant to this section.

(E) A person required to report the existence of a gunshot wound who knowingly fails to do so is guilty of a misdemeanor and, upon conviction, must be fined not more than five hundred dollars.

SOUTH DAKOTA

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? It is mandatory to report bullet wounds, gunshot wounds and injuries arising from the discharge of a firearm.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

S.D. Codified Laws § 23-13-10. Persons treating firearm injury -- Reporting requirement.

Any person treating any bullet wound, gunshot wound, powder burn, or any other injury arising from or caused by the discharge of any firearm, shall report such treatment to the sheriff of the county in which the wound is treated.

HISTORY: Source: SL 1967, ch 111, § 1; 1978, ch 169, § 4.

TENNESSEE

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? There is a requirement to report injuries caused by violence. Domestic violence that results in injury will generally be an injury caused by violence; therefore, this statute will generally require domestic violence to be reported.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? There is a requirement to report injuries caused by a knife, pistol, gun, or deadly weapon or suffering from the effects of poison or suffocation.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

Tenn. Code Ann. § 38-1-101. Reports to law enforcement officials of certain types of injuries

(a) All hospitals, clinics, sanitariums, doctors, physicians, surgeons, nurses, pharmacists, undertakers, embalmers, or other persons called upon to tender aid to persons suffering from any wound or other injury inflicted by means of a knife, pistol, gun, or other deadly weapon, or by other means of violence, or resulting from exposure to a methamphetamine laboratory or a methamphetamine laboratory related fire, explosion, or chemical release, or suffering from the effects of poison, or suffocation, shall report the same immediately to the chief of police, if the injured person is in or brought into or the injury occurred in an incorporated town or city, or to the sheriff if the injured person is in or brought into or the injury occurred in the county outside the corporate limits of any incorporated town or city, and shall also, in either event, report the same immediately to the district attorney general or a member of the district attorney general's staff of the judicial district in which the injured person is, or has been brought into, or the injury occurred. Such report shall state the name, residence, and employer of such person, if known, such person's whereabouts at the time the report is made, the place the injury occurred, and the character and extent of such injuries.

(b) Injuries to minors which are required to be reported by § 37-1-403 are not required to be reported under this section.

TEXAS

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? It is mandatory to report bullet and gunshot wounds. Texas has a statute that requires medical professionals to document family violence in the person's medical chart, but not report it to law enforcement.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

Tex. Health & Safety Code § 161.041. Mandatory Reporting of Gunshot Wounds

A physician who attends or treats, or who is requested to attend or treat, a bullet or gunshot wound, or the administrator, superintendent, or other person in charge of a hospital, sanitorium, or other institution in which a bullet or gunshot wound is attended or treated or in which the attention or treatment is requested, shall report the case at once to the law enforcement authority of the municipality or county in which the physician practices or in which the institution is located.

Tex. Fam. Code § 91.003. Information Provided by Medical Professionals

A medical professional who treats a person for injuries that the medical professional has reason to believe were caused by family violence shall:

- (1) immediately provide the person with information regarding the nearest family violence shelter center;
- (2) document in the person's medical file:
 - (A) the fact that the person has received the information provided under Subdivision (1); and
 - (B) the reasons for the medical professional's belief that the person's injuries were caused by family violence; and

(3) give the person a written notice in substantially the following form, completed with the required information, in both English and Spanish:

"It is a crime for any person to cause you any physical injury or harm even if that person is a member or former member of your family or household.

"NOTICE TO ADULT VICTIMS OF FAMILY VIOLENCE

"You may report family violence to a law enforcement officer by calling the following telephone numbers: .

"If you, your child, or any other household resident has been injured or if you feel you are going to be in danger after a law enforcement officer investigating family violence leaves your residence or at a later time, you have the right to:

"Ask the local prosecutor to file a criminal complaint against the person committing family violence; and

"Apply to a court for an order to protect you. You may want to consult with a legal aid office, a prosecuting attorney, or a private attorney. A court can enter an order that:

"(1) prohibits the abuser from committing further acts of violence;

"(2) prohibits the abuser from threatening, harassing, or contacting you at home;

"(3) directs the abuser to leave your household; and

"(4) establishes temporary custody of the children or any property.

"A VIOLATION OF CERTAIN PROVISIONS OF COURT-ORDERED PROTECTION MAY BE A FELONY.

"CALL THE FOLLOWING VIOLENCE SHELTERS OR SOCIAL ORGANIZATIONS IF YOU NEED PROTECTION: ."

HISTORY: Stats. 1997 75th Leg. Sess. Ch. 34 § 1, effective May 5, 1997.

UTAH

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? Yes. Yes. Domestic violence that results in injury will generally be a crime; therefore, this statute will generally require domestic violence to be reported.

Additional statutes that may impact competent adult victims of domestic violence? There is a requirement that injuries caused a knife, gun, pistol, explosive, infernal device, or deadly weapon be reported.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

CHAPTER 23a

INJURY REPORTING BY HEALTH CARE PROVIDERS

Utah Code Ann. 26-23a-1. Definitions.

As used in this chapter:

- (1) "Health care provider" means any person, firm, corporation, or association which furnishes treatment or care to persons who have suffered bodily injury, and includes hospitals, clinics, podiatrists, dentists and dental hygienists, nurses, nurse practitioners, physicians and physicians' assistants, osteopathic physicians, naturopathic practitioners, chiropractors, acupuncturists, paramedics, and emergency medical technicians.
- (2) "Injury" does not include any psychological or physical condition brought about solely through the voluntary administration of prescribed controlled substances.
- (3) "Law enforcement agency" means the municipal or county law enforcement agency:
 - (a) having jurisdiction over the location where the injury occurred; or
 - (b) if the reporting health care provider is unable to identify or contact the law enforcement agency with jurisdiction over the injury, "law enforcement agency" means the agency nearest to the location of the reporting health care provider.
- (4) "Report to a law enforcement agency" means to report, by telephone or other spoken communication, the facts known regarding an injury subject to reporting under Section 26-23a-2 to the dispatch desk or other staff person designated by the law enforcement agency to receive reports from the public.

26-23a-2. Injury reporting requirements by health care provider - Contents of report.

(1) (a) Any health care provider who treats or cares for any person who suffers from any wound or other injury inflicted by the person's own act or by the act of another by means of a knife, gun, pistol, explosive, infernal device, or deadly weapon, or by violation of any criminal statute of this state, shall immediately report to a law enforcement agency the facts regarding the injury.

(b) The report shall state the name and address of the injured person, if known, the person's whereabouts, the character and extent of the person's injuries, and the name, address, and telephone number of the person making the report.

(2) A health care provider may not be discharged, suspended, disciplined, or harassed for making a report pursuant to this section.

(3) A person may not incur any civil or criminal liability as a result of making any report required by this section.

(4) A health care provider who has personal knowledge that the report of a wound or injury has been made in compliance with this section is under no further obligation to make a report regarding that wound or injury under this section.

26-23a-3. Penalties.

Any health care provider who intentionally or knowingly violates any provision of Section 26-23a-2 is guilty of a class B misdemeanor.

VERMONT

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? It is mandatory to report gunshot wounds and injuries caused by the discharge of a firearm.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

13 V.S.A. § 4012. Reporting treatment of firearm wounds

(a) Every physician attending or treating a case of bullet wound, gunshot wound, powder burn, or any other injury arising from or caused by the discharge of a gun, pistol, or other firearm, or whenever such case is treated in a hospital, sanitarium or other institution, the manager, superintendent or other person in charge shall report such case at once to local law enforcement officials or the state police. The provisions of this section shall not apply to such wounds, burns or injuries received by a member of the armed forces of the United States or state of Vermont while engaged in the actual performance of duty.

(b) A person violating the provisions of this section shall be fined not more than \$ 100.00.

VIRGINIA

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? It is mandatory to report injuries caused by guns, knives and similar weapons.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

Va. Code Ann. § 54.1-2967. Physicians and others rendering medical aid to report certain wounds

Any physician or other person who renders any medical aid or treatment to any person for any wound which such physician or other person knows or has reason to believe is a wound inflicted by a weapon specified in § 18.2-308⁵ and which wound such physician or other person believes or has reason to believe was not self-inflicted shall as soon as practicable report such fact, including the wounded person's name and address, if known, to the sheriff or chief of police of the county or city in which treatment is rendered. If such medical aid or treatment is rendered in a hospital or similar institution, such physician or other person rendering such medical aid or treatment shall immediately notify the person in charge of such hospital or similar institution, who shall make such report forthwith.

Any physician or other person failing to comply with this section shall be guilty of a Class 3 misdemeanor. Any person participating in the making of a report pursuant to this section or participating in a judicial proceeding resulting therefrom shall be immune from any civil liability in connection therewith, unless it is proved that such person acted in bad faith or with malicious intent.

⁵ Section 18.2-308 includes the following weapons: “ (i) any pistol, revolver, or other weapon designed or intended to propel a missile of any kind by action of an explosion of any combustible material; (ii) any dirk, bowie knife, switchblade knife, ballistic knife, machete, razor, slingshot, spring stick, metal knucks, or blackjack; (iii) any flailing instrument consisting of two or more rigid parts connected in such a manner as to allow them to swing freely, which may be known as a nun chahka, nun chuck, nunchaku, shuriken, or fighting chain; (iv) any disc, of whatever configuration, having at least two points or pointed blades which is designed to be thrown or propelled and which may be known as a throwing star or oriental dart; or (v) any weapon of like kind as those enumerated in this subsection”. Va. Code. Ann. § 18.2-308(A).

WASHINGTON

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? No.

WEST VIRGINIA

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? It is mandatory to report gunshot and stab wounds that a reasonable person would believe resulted from a violation of the criminal laws of the state.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

W. Va. Code § 61-2-27. Required reporting of gunshot and other wounds

(a) Any medical provider who provides medical treatment to a person suffering from a wound caused by a gunshot or a knife or other sharp or pointed instrument, under circumstances which would lead a reasonable person to believe resulted from a violation of the criminal laws of this state, shall report the same to a law-enforcement agency located within the county within which such wound is treated. The report shall be made initially by telephone and shall be followed by a written report delivered to such agency within forty-eight hours following the initial report: Provided, That where two or more persons participate in the medical treatment of such wound, the obligation to report imposed by this section shall apply only to the attending physician or, if none, to the person primarily responsible for providing the medical treatment.

(b) Any medical provider person who in good faith reports a wound described in subsection (a) of this section shall be immune from any civil liability which may otherwise result solely from reporting the same.

WISCONSIN

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? It is mandatory to report gunshot wounds and certain burns.

REPORTING STATUTES WHICH MAY IMPACT DOMESTIC VIOLENCE VICTIMS

Wis. Stat. § 146.995 Reporting of wounds and burn injuries.

(1) In this section:

(a) "Crime" has the meaning specified in s. 949.01 (1).

(b) "Inpatient health care facility" has the meaning specified in s. 50.135 (1).

(2) (a) Any person licensed, certified or registered by the state under ch. 441, 448 or 455 who treats a patient suffering from any of the following shall report in accordance with par. (b):

1. A gunshot wound.

2. Any wound other than a gunshot wound if the person has reasonable cause to believe that the wound occurred as a result of a crime.

3. Second-degree or 3rd-degree burns to at least 5% of the patient's body or, due to the inhalation of superheated air, swelling of the patient's larynx or a burn to the patient's upper respiratory tract, if the person has reasonable cause to believe that the burn occurred as a result of a crime.

(b) For any mandatory report under par. (a), the person shall report the patient's name and the type of wound or burn injury involved as soon as reasonably possible to the local police department or county sheriff's office for the area where the treatment is rendered.

(c) Any such person who intentionally fails to report as required under this subsection may be required to forfeit not more than \$500.

(3) Any person reporting in good faith under sub. (2), and any inpatient health care facility that employs the person who reports, are immune from all civil and criminal liability that may result because of the report. In any proceeding, the good faith of any person reporting under this section shall be presumed.

(4) The reporting requirement under sub. (2) does not apply under any of the following circumstances:

(a) The patient is accompanied by a law enforcement officer at the time treatment is rendered.

(b) The patient's name and type of wound or burn injury have been previously reported under sub. (2).

(c) The wound is a gunshot wound and appears to have occurred at least 30 days prior to the time of treatment.

History: 1987 a. 233; 1991 a. 39; 1993 a. 27.

WYOMING

Specific requirement to report domestic violence? No.

Requirement to report non-accidental or intentional injuries? No.

Requirement to report injuries caused by criminal conduct? No.

Additional statutes that may impact competent adult victims of domestic violence? No.

FEDERAL LAWS

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) 45 CFR §§ 160 – 164

- Provides extensive privacy rights to patients' medical information and records
- Federal law preempts state law unless state law is more restrictive
- General Rule – A covered entity may not use or disclose protected health information, except as permitted or required by the regulation
- Some circumstances when covered entities may disclose protected health information include:
 - With written authorization or after giving patient opportunity to agree or object (45 CFR §§ 164.508, 164.510)
 - For law enforcement purposes (45 CFR § 164.512(f))
 - Disclosure of abuse, neglect, domestic violence (45 CFR § 164.512(c))

45 CFR § 164.512. Uses and disclosures for which an authorization or opportunity to agree or object is not required.

A covered entity may use or disclose protected health information without the written authorization of the individual, as described in § 164.508, or the opportunity for the individual to agree or object as described in § 164.510, in the situations covered by this section, subject to the applicable requirements of this section. When the covered entity is required by this section to inform the individual of, or when the individual may agree to, a use or disclosure permitted by this section, the covered entity's information and the individual's agreement may be given orally.

(a) Standard: Uses and disclosures required by law. (1) A covered entity may use or disclose protected health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.

(2) A covered entity must meet the requirements described in paragraph (c), (e), or (f) of this section for uses or disclosures required by law.

(b) Standard: uses and disclosures for public health activities. (1) Permitted disclosures. A covered entity may disclose protected health information for the public health activities and purposes described in this paragraph to:

(i) A public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions; or, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority;

(ii) A public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect;

(iii) A person subject to the jurisdiction of the Food and Drug Administration (FDA) with respect to an FDA-regulated product or activity for which that person has responsibility, for the purpose of activities related to the quality, safety or effectiveness of such FDA-regulated product or activity. Such purposes include:

(A) To collect or report adverse events (or similar activities with respect to food or dietary supplements), product defects or problems (including problems with the use or labeling of a product), or biological product deviations;

(B) To track FDA-regulated products;

(C) To enable product recalls, repairs, or replacement, or lookback (including locating and notifying individuals who have received products that have been recalled, withdrawn, or are the subject of lookback); or

(D) To conduct post marketing surveillance;

(iv) A person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, if the covered entity or public health authority is authorized by law to notify such person as necessary in the conduct of a public health intervention or investigation; or

(v) An employer, about an individual who is a member of the workforce of the employer, if:

(A) The covered entity is a covered health care provider who is a member of the workforce of such employer or who provides health care to the individual at the request of the employer:

(1) To conduct an evaluation relating to medical surveillance of the workplace; or

(2) To evaluate whether the individual has a work-related illness or injury;

(B) The protected health information that is disclosed consists of findings concerning a work-related illness or injury or a workplace-related medical surveillance;

(C) The employer needs such findings in order to comply with its obligations, under 29 CFR parts 1904 through 1928, 30 CFR parts 50 through 90, or under state law having a similar purpose, to record such illness or injury or to carry out responsibilities for workplace medical surveillance; and

(D) The covered health care provider provides written notice to the individual that protected health information relating to the medical surveillance of the workplace and work-related illnesses and injuries is disclosed to the employer:

(1) By giving a copy of the notice to the individual at the time the health care is provided; or

(2) If the health care is provided on the work site of the employer, by posting the notice in a prominent place at the location where the health care is provided.

(2) Permitted uses. If the covered entity also is a public health authority, the covered entity is permitted to use protected health information in all cases in which it is permitted to disclose such information for public health activities under paragraph (b)(1) of this section.

(c) Standard: Disclosures about victims of abuse, neglect or domestic violence. (1) Permitted disclosures. Except for reports of child abuse or neglect permitted by paragraph (b)(1)(ii) of this section, a covered entity may disclose protected health information about an individual whom the covered entity reasonably believes to be a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence:

(i) To the extent the disclosure is required by law and the disclosure complies with and is limited to the relevant requirements of such law;

(ii) If the individual agrees to the disclosure; or

(iii) To the extent the disclosure is expressly authorized by statute or regulation and:

(A) The covered entity, in the exercise of professional judgment, believes the disclosure is necessary to prevent serious harm to the individual or other potential victims; or

(B) If the individual is unable to agree because of incapacity, a law enforcement or other public official authorized to receive the report represents that the protected health information for which disclosure is sought is not intended to be used against the individual and that an immediate enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure.

(2) Informing the individual. A covered entity that makes a disclosure permitted by paragraph (c)(1) of this section must promptly inform the individual that such a report has been or will be made, except if:

(i) The covered entity, in the exercise of professional judgment, believes informing the individual would place the individual at risk of serious harm; or

(ii) The covered entity would be informing a personal representative, and the covered entity reasonably believes the personal representative is responsible for the abuse, neglect, or other injury, and that informing such person would not be in the best interests of the individual as determined by the covered entity, in the exercise of professional judgment.

(d) Standard: Uses and disclosures for health oversight activities. (1) Permitted disclosures. A covered entity may disclose protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of:

(i) The health care system;

(ii) Government benefit programs for which health information is relevant to beneficiary eligibility;

(iii) Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards; or

(iv) Entities subject to civil rights laws for which health information is necessary for determining compliance.

(2) Exception to health oversight activities. For the purpose of the disclosures permitted by paragraph (d)(1) of this section, a health oversight activity does not include an investigation or other activity in which the individual is the subject of the investigation or activity and such investigation or other activity does not arise out of and is not directly related to:

- (i) The receipt of health care;
- (ii) A claim for public benefits related to health; or
- (iii) Qualification for, or receipt of, public benefits or services when a patient's health is integral to the claim for public benefits or services.

(3) Joint activities or investigations. Notwithstanding paragraph (d)(2) of this section, if a health oversight activity or investigation is conducted in conjunction with an oversight activity or investigation relating to a claim for public benefits not related to health, the joint activity or investigation is considered a health oversight activity for purposes of paragraph (d) of this section.

(4) Permitted uses. If a covered entity also is a health oversight agency, the covered entity may use protected health information for health oversight activities as permitted by paragraph (d) of this section.

(e) Standard: Disclosures for judicial and administrative proceedings.

(1) Permitted disclosures. A covered entity may disclose protected health information in the course of any judicial or administrative proceeding:

(i) In response to an order of a court or administrative tribunal, provided that the covered entity discloses only the protected health information expressly authorized by such order; or

(ii) In response to a subpoena, discovery request, or other lawful process, that is not accompanied by an order of a court or administrative tribunal, if:

(A) The covered entity receives satisfactory assurance, as described in paragraph (e)(1)(iii) of this section, from the party seeking the information that reasonable efforts have been made by such party to ensure that the individual who is the subject of the protected health information that has been requested has been given notice of the request; or

(B) The covered entity receives satisfactory assurance, as described in paragraph (e)(1)(iv) of this section, from the party seeking the information that reasonable efforts have been made by such party to secure a qualified protective order that meets the requirements of paragraph (e)(1)(v) of this section.

(iii) For the purposes of paragraph (e)(1)(ii)(A) of this section, a covered entity receives satisfactory assurances from a party seeking protecting health information if the covered entity

receives from such party a written statement and accompanying documentation demonstrating that:

(A) The party requesting such information has made a good faith attempt to provide written notice to the individual (or, if the individual's location is unknown, to mail a notice to the individual's last known address);

(B) The notice included sufficient information about the litigation or proceeding in which the protected health information is requested to permit the individual to raise an objection to the court or administrative tribunal; and

(C) The time for the individual to raise objections to the court or administrative tribunal has elapsed, and:

(1) No objections were filed; or

(2) All objections filed by the individual have been resolved by the court or the administrative tribunal and the disclosures being sought are consistent with such resolution.

(iv) For the purposes of paragraph (e)(1)(ii)(B) of this section, a covered entity receives satisfactory assurances from a party seeking protected health information, if the covered entity receives from such party a written statement and accompanying documentation demonstrating that:

(A) The parties to the dispute giving rise to the request for information have agreed to a qualified protective order and have presented it to the court or administrative tribunal with jurisdiction over the dispute; or

(B) The party seeking the protected health information has requested a qualified protective order from such court or administrative tribunal.

(v) For purposes of paragraph (e)(1) of this section, a qualified protective order means, with respect to protected health information requested under paragraph (e)(1)(ii) of this section, an order of a court or of an administrative tribunal or a stipulation by the parties to the litigation or administrative proceeding that:

(A) Prohibits the parties from using or disclosing the protected health information for any purpose other than the litigation or proceeding for which such information was requested; and

(B) Requires the return to the covered entity or destruction of the protected health information

(including all copies made) at the end of the litigation or proceeding.

(vi) Notwithstanding paragraph (e)(1)(ii) of this section, a covered entity may disclose protected health information in response to lawful process described in paragraph (e)(1)(ii) of this section without receiving satisfactory assurance under paragraph (e)(1)(ii)(A) or (B) of this section, if the covered entity makes reasonable efforts to provide notice to the individual sufficient to meet the requirements of paragraph (e)(1)(iii) of this section or to seek a qualified protective order sufficient to meet the requirements of paragraph (e)(1)(iv) of this section.

(2) Other uses and disclosures under this section. The provisions of this paragraph do not supersede other provisions of this section that otherwise permit or restrict uses or disclosures of protected health information.

(f) Standard: Disclosures for law enforcement purposes. A covered entity may disclose protected health information for a law enforcement purpose to a law enforcement official if the conditions in paragraphs (f)(1) through (f)(6) of this section are met, as applicable.

(1) Permitted disclosures: Pursuant to process and as otherwise required by law. A covered entity may disclose protected health information:

(i) As required by law including laws that require the reporting of certain types of wounds or other physical injuries, except for laws subject to paragraph (b)(1)(ii) or (c)(1)(i) of this section; or

(ii) In compliance with and as limited by the relevant requirements of:

(A) A court order or court-ordered warrant, or a subpoena or summons issued by a judicial officer;

(B) A grand jury subpoena; or

(C) An administrative request, including an administrative subpoena or summons, a civil or an authorized investigative demand, or similar process authorized under law, provided that:

(1) The information sought is relevant and material to a legitimate law enforcement inquiry;

(2) The request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and

(3) De-identified information could not reasonably be used.

(2) Permitted disclosures: Limited information for identification and location purposes. Except for disclosures required by law as permitted by paragraph (f)(1) of this section, a covered entity may disclose protected health information in response to a law enforcement official's request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person, provided that:

(i) The covered entity may disclose only the following information:

(A) Name and address;

(B) Date and place of birth;

(C) Social security number;

(D) ABO blood type and rh factor;

(E) Type of injury;

(F) Date and time of treatment;

(G) Date and time of death, if applicable; and

(H) A description of distinguishing physical characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair (beard or moustache), scars, and tattoos.

(ii) Except as permitted by paragraph (f)(2)(i) of this section, the covered entity may not disclose for the purposes of identification or location under paragraph (f)(2) of this section any protected health information related to the individual's DNA or DNA analysis, dental records, or typing, samples or analysis of body fluids or tissue.

(3) Permitted disclosure: Victims of a crime. Except for disclosures required by law as permitted by paragraph (f)(1) of this section, a covered entity may disclose protected health information in response to a law enforcement official's request for such information about an individual who is or is suspected to be a victim of a crime, other than disclosures that are subject to paragraph (b) or (c) of this section, if:

(i) The individual agrees to the disclosure; or

(ii) The covered entity is unable to obtain the individual's agreement because of incapacity or other emergency circumstance, provided that:

(A) The law enforcement official represents that such information is needed to determine whether a violation of law by a person other than the victim has occurred, and such information is not intended to be used against the victim;

(B) The law enforcement official represents that immediate law enforcement activity that depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure; and

(C) The disclosure is in the best interests of the individual as determined by the covered entity, in the exercise of professional judgment.

(4) Permitted disclosure: Decedents. A covered entity may disclose protected health information about an individual who has died to a law enforcement official for the purpose of alerting law enforcement of the death of the individual if the covered entity has a suspicion that such death may have resulted from criminal conduct.

(5) Permitted disclosure: Crime on premises. A covered entity may disclose to a law enforcement official protected health information that the covered entity believes in good faith constitutes evidence of criminal conduct that occurred on the premises of the covered entity.

(6) Permitted disclosure: Reporting crime in emergencies. (i) A covered health care provider providing emergency health care in response to a medical emergency, other than such emergency on the premises of the covered health care provider, may disclose protected health information to a law enforcement official if such disclosure appears necessary to alert law enforcement to:

(A) The commission and nature of a crime;

(B) The location of such crime or of the victim(s) of such crime; and

(C) The identity, description, and location of the perpetrator of such crime.

(ii) If a covered health care provider believes that the medical emergency described in paragraph (f)(6)(i) of this section is the result of abuse, neglect, or domestic violence of the individual in need of emergency health care, paragraph (f)(6)(i) of this section does not apply and any disclosure to a law enforcement official for law enforcement purposes is subject to paragraph (c) of this section.

(g) Standard: Uses and disclosures about decedents. (1) Coroners and medical examiners. A covered entity may disclose protected health information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law. A covered entity that also performs the duties of a coroner or medical examiner may use protected health information for the purposes described in this paragraph.

(2) Funeral directors. A covered entity may disclose protected health information to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent. If necessary for funeral directors to carry out their duties, the covered entity may disclose the protected health information prior to, and in reasonable anticipation of, the individual's death.

(h) Standard: Uses and disclosures for cadaveric organ, eye or tissue donation purposes. A covered entity may use or disclose protected health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.

(i) Standard: Uses and disclosures for research purposes. (1) Permitted uses and disclosures. A covered entity may use or disclose protected health information for research, regardless of the source of funding of the research, provided that:

(i) Board approval of a waiver of authorization. The covered entity obtains documentation that an alteration to or waiver, in whole or in part, of the individual authorization required by § 164.508 for use or disclosure of protected health information has been approved by either:

(A) An Institutional Review Board (IRB), established in accordance with 7 CFR 1c.107, 10 CFR 745.107, 14 CFR 1230.107, 15 CFR 27.107, 16 CFR 1028.107, 21 CFR 56.107, 22 CFR 225.107, 24 CFR 60.107, 28 CFR 46.107, 32 CFR 219.107, 34 CFR 97.107, 38 CFR 16.107, 40 CFR 26.107, 45 CFR 46.107, 45 CFR 690.107, OR 49 CFR 11.107; or

(B) A privacy board that:

(1) Has members with varying backgrounds and appropriate professional competency as necessary to review the effect of the research protocol on the individual's privacy rights and related interests;

(2) Includes at least one member who is not affiliated with the covered entity, not affiliated with any entity conducting or sponsoring the research, and not related to any person who is affiliated with any of such entities; and

(3) Does not have any member participating in a review of any project in which the member has a conflict of interest.

(ii) Reviews preparatory to research. The covered entity obtains from the researcher representations that:

(A) Use or disclosure is sought solely to review protected health information as necessary to prepare a research protocol or for similar purposes preparatory to research;

(B) No protected health information is to be removed from the covered entity by the researcher in the course of the review; and

(C) The protected health information for which use or access is sought is necessary for the research purposes.

(iii) Research on decedent's information. The covered entity obtains from the researcher:

(A) Representation that the use or disclosure sought is solely for research on the protected health information of decedents;

(B) Documentation, at the request of the covered entity, of the death of such individuals; and

(C) Representation that the protected health information for which use or disclosure is sought is necessary for the research purposes.

(2) Documentation of waiver approval. For a use or disclosure to be permitted based on documentation of approval of an alteration or waiver, under paragraph (i)(1)(i) of this section, the documentation must include all of the following:

(i) Identification and date of action. A statement identifying the IRB or privacy board and the date on which the alteration or waiver of authorization was approved;

(ii) Waiver criteria. A statement that the IRB or privacy board has determined that the alteration or waiver, in whole or in part, of authorization satisfies the following criteria:

(A) The use or disclosure of protected health information involves no more than a minimal risk to the privacy of individuals, based on, at least, the presence of the following elements;

(1) An adequate plan to protect the identifiers from improper use and disclosure;

(2) An adequate plan to destroy the identifiers at the earliest opportunity consistent with conduct of the research, unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law; and

(3) Adequate written assurances that the protected health information will not be reused or disclosed to any other person or entity, except as required by law, for authorized oversight of the research study, or for other research for which the use or disclosure of protected health information would be permitted by this subpart;

(B) The research could not practicably be conducted without the waiver or alteration; and

(C) The research could not practicably be conducted without access to and use of the protected health information.

(iii) Protected health information needed. A brief description of the protected health information for which use or access has been determined to be necessary by the IRB or privacy board has determined, pursuant to paragraph (i)(2)(ii)(C) of this section;

(iv) Review and approval procedures. A statement that the alteration or waiver of authorization has been reviewed and approved under either normal or expedited review procedures, as follows:

(A) An IRB must follow the requirements of the Common Rule, including the normal review procedures (7 CFR 1c.108(b), 10 CFR 745.108(b), 14 CFR 1230.108(b), 15 CFR 27.108(b), 16 CFR 1028.108(b), 21 CFR 56.108(b), 22 CFR 225.108(b), 24 CFR 60.108(b), 28 CFR 46.108(b), 32 CFR 219.108(b), 34 CFR 97.108(b), 38 CFR 16.108(b), 40 CFR 26.108(b), 45 CFR 46.108(b), 45 CFR 690.108(b), or 49 CFR 11.108(b)) or the expedited review procedures (7 CFR 1c.110, 10 CFR 745.110, 14 CFR 1230.110, 15 CFR 27.110, 16 CFR 1028.110, 21 CFR 56.110, 22 CFR 225.110, 24 CFR 60.110, 28 CFR 46.110, 32 CFR 219.110, 34 CFR 97.110, 38 CFR 16.110, 40 CFR 26.110, 45 CFR 46.110, 45 CFR 690.110, or 49 CFR 11.110);

(B) A privacy board must review the proposed research at convened meetings at which a majority of the privacy board members are present, including at least one member who satisfies the criterion stated in paragraph (i)(1)(i)(B)(2) of this section, and the alteration or waiver of authorization must be approved by the majority of the privacy board members present at the meeting, unless the privacy board elects to use an expedited review procedure in accordance with paragraph (i)(2)(iv)(C) of this section;

(C) A privacy board may use an expedited review procedure if the research involves no more than minimal risk to the privacy of the individuals who are the subject of the protected health

information for which use or disclosure is being sought. If the privacy board elects to use an expedited review procedure, the review and approval of the alteration or waiver of authorization may be carried out by the chair of the privacy board, or by one or more members of the privacy board as designated by the chair; and

(v) Required signature. The documentation of the alteration or waiver of authorization must be signed by the chair or other member, as designated by the chair, of the IRB or the privacy board, as applicable.

(j) Standard: Uses and disclosures to avert a serious threat to health or safety. (1) Permitted disclosures. A covered entity may, consistent with applicable law and standards of ethical conduct, use or disclose protected health information, if the covered entity, in good faith, believes the use or disclosure:

(i)(A) Is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; and

(B) Is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat; or

(ii) Is necessary for law enforcement authorities to identify or apprehend an individual:

(A) Because of a statement by an individual admitting participation in a violent crime that the covered entity reasonably believes may have caused serious physical harm to the victim; or

(B) Where it appears from all the circumstances that the individual has escaped from a correctional institution or from lawful custody, as those terms are defined in § 164.501.

(2) Use or disclosure not permitted. A use or disclosure pursuant to paragraph (j)(1)(ii)(A) of this section may not be made if the information described in paragraph (j)(1)(ii)(A) of this section is learned by the covered entity:

(i) In the course of treatment to affect the propensity to commit the criminal conduct that is the basis for the disclosure under paragraph (j)(1)(ii)(A) of this section, or counseling or therapy; or

(ii) Through a request by the individual to initiate or to be referred for the treatment, counseling, or therapy described in paragraph (j)(2)(i) of this section.

(3) Limit on information that may be disclosed. A disclosure made pursuant to paragraph (j)(1)(ii)(A) of this section shall contain only the statement described in paragraph (j)(1)(ii)(A) of

this section and the protected health information described in paragraph (f)(2)(i) of this section.

(4) Presumption of good faith belief. A covered entity that uses or discloses protected health information pursuant to paragraph (j)(1) of this section is presumed to have acted in good faith with regard to a belief described in paragraph (j)(1)(i) or (ii) of this section, if the belief is based upon the covered entity's actual knowledge or in reliance on a credible representation by a person with apparent knowledge or authority.

(k) Standard: Uses and disclosures for specialized government functions. (1) Military and veterans activities. (i) Armed Forces personnel. A covered entity may use and disclose the protected health information of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission, if the appropriate military authority has published by notice in the Federal Register the following information:

(A) Appropriate military command authorities; and

(B) The purposes for which the protected health information may be used or disclosed.

(ii) Separation or discharge from military service. A covered entity that is a component of the Departments of Defense or Transportation may disclose to the Department of Veterans Affairs (DVA) the protected health information of an individual who is a member of the Armed Forces upon the separation or discharge of the individual from military service for the purpose of a determination by DVA of the individual's eligibility for or entitlement to benefits under laws administered by the Secretary of Veterans Affairs.

(iii) Veterans. A covered entity that is a component of the Department of Veterans Affairs may use and disclose protected health information to components of the Department that determine eligibility for or entitlement to, or that provide, benefits under the laws administered by the Secretary of Veterans Affairs.

(iv) Foreign military personnel. A covered entity may use and disclose the protected health information of individuals who are foreign military personnel to their appropriate foreign military authority for the same purposes for which uses and disclosures are permitted for Armed Forces personnel under the notice published in the Federal Register pursuant to paragraph (k)(1)(i) of this section.

(2) National security and intelligence activities. A covered entity may disclose protected health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by the National Security Act (%)

U.S.C. 401 et seq.) and implementing authority (e.g., Executive Order 12333).

(3) Protective services for the President and others. A covered entity may disclose protected health information to authorized federal officials for the provision of protective services to the President or other persons authorized by 18 U.S.C. 3056, or to foreign heads of state or other persons authorized by 22 U.S.S. 2709 (a)(3), or to for the conduct of investigations authorized by 18 U.S.C. 871 and 879.

(4) Medical suitability determinations. A covered entity that is a component of the Department of State may use protected health information to make medical suitability determinations and may disclose whether or not the individual was determined to be medically suitable to the officials in the Department of State who need access to such information for the following purposes:

(i) For the purpose of a required security clearance conducted pursuant to Executive Orders 10450 and 12698;

(ii) As necessary to determine worldwide availability or availability for mandatory service abroad under sections 101(a)(4) and 504 of the Foreign Service Act; or

(iii) For a family to accompany a Foreign Service member abroad, consistent with section 101(b)(5) and 904 of the Foreign Service Act.

(5) Correctional institutions and other law enforcement custodial situations. (i) Permitted disclosures. A covered entity may disclose to a correctional institution or a law enforcement official having lawful custody of an inmate or other individual protected health information about such inmate or individual, if the correctional institution or such law enforcement official represents that such protected health information is necessary for:

(A) The provision of health care to such individuals;

(B) The health and safety of such individual or other inmates;

(C) The health and safety of the officers or employees of or others at the correctional institution;

(D) The health and safety of such individuals and officers or other persons responsible for the transporting of inmates or their transfer from one institution, facility, or setting to another;

(E) Law enforcement on the premises of the correctional institution; and

(F) The administration and maintenance of the safety, security, and good order of the

correctional institution.

(ii) Permitted uses. A covered entity that is a correctional institution may use protected health information of individuals who are inmates for any purpose for which such protected health information may be disclosed.

(iii) No application after release. For the purposes of this provision, an individual is no longer an inmate when released on parole, probation, supervised release, or otherwise is no longer in lawful custody.

(6) Covered entities that are government programs providing public benefits. (i) A health plan that is a government program providing public benefits may disclose protected health information relating to eligibility for or enrollment in the health plan to another agency administering a government program providing public benefits if the sharing of eligibility or enrollment information among such government agencies or the maintenance of such information in a single or combined data system accessible to all such government agencies is required or expressly authorized by statute or regulation.

(ii) A covered entity that is a government agency administering a government program providing public benefits may disclose protected health information relating to the program to another covered entity that is a government agency administering a government program providing public benefits if the programs serve the same or similar populations and the disclosure of protected health information is necessary to coordinate the covered functions of such programs or to improve administration and management relating to the covered functions of such programs.

(l) Standard: Disclosures for workers' compensation. A covered entity may disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

FEDERAL REPORTING REQUIREMENTS

Summary: There is no federal mandatory reporting requirement.

ACKNOWLEDGEMENTS

Many individuals and organizations have contributed to this document. The National Center for the Prosecution of Violence Against Women at the American Prosecutors Research Institute would like to thank the following individuals and organizations for their contributions to this report: Sherine Skeriah, law student intern at NCPVAW; Ana Maria Hernandez, law student intern at NCPVAW; Jennifer Long, Senior Attorney at NCPVAW; Marnie Shiels, the Office on Violence Against Women; National Center for Victims of Crime; James Polley, National District Attorneys Association; Carol Peters, National Association of Prosecutor Coordinators; David Lloyd, Department of Defense Family Advocacy Program; Kimberly Lonsway, PhD, EVAW International; Joanne Archambault, EVAW International; the National Crime Victims Law Institute; Meg Garvin; Jessica Mindlin; the Honorable Frank Weathersbee; the Honorable Jerry Bowles; Randy Hillman; Teresa McClendon; Rachel Mitchell; Kate Killeen; Elise Farrell; Doug Miles; Davelynn Tengan; Adriana Ramelli; Anita Carpenter; Steven Johnson; Michael L. Bennett; Kim Aliprantis; Tricia Gould; David Deakin; Herb Tanner; LeAnn Holland; Sam Eveland; Robert Laurino; Deborah Potter; Mike Cozzolino; Peter Gilchrist; Jessica McSparron-Bien; Jennifer Markowitz ND, RNC, WHNP; Kathy Bell; Jennifer Shaw; Bernice Barnett; Erik Wasmann; Mary-Jo Mullen; Ann Marie Kaiser; Terry Casto; Shannon Edmonds; Scott Simpson; Janelle Kendall; Mark Nash; Liz Donegan; Melissa Atwood; Kristine Knowlton; Don Linton; Sarah Kenney; Steve M. Lowe; Charlie Reece; Paul Bachand; Maureen Keough; Corwin Ritchie; J. David Fowler; Lori Nishimura; Jane Woodruff; Gael Strack; Kim Aliprantis; Ginger Kimes; Wanda Lucibello; Cathy Satterfield; Matt Redle and Melissa Swearingen.