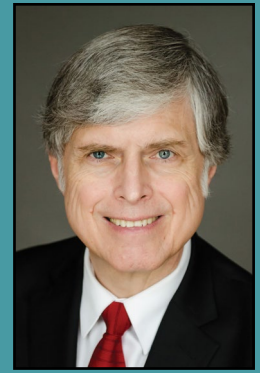


# Addressing Human Trafficking While Navigating the Potential Pitfalls of EHRs



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In January 2026, the American Association of Medical Assistants® released a comprehensive and current self-study course Identifying and Responding to Human Trafficking: The Medical Assistant's Role. This course was created in anticipation of the enactment of Texas legislation that will require medical assistants to successfully complete a training course on identifying, assisting, and reporting victims of human trafficking.

The following is an excerpt from its fifth module, "Appropriate Documentation and Reporting Protocols: Human Trafficking Laws, Information in the Electronic Health Record, and Protecting Patient Privacy,"<sup>1</sup> which I authored.

## This Module's Learning Objectives

- Health Insurance Portability and Accountability Act (HIPAA) considerations in suspected trafficking cases and protecting those patients who are subject to HT [human trafficking]
- Best practices for appropriate documentation and operational protocols in the electronic health record (EHR)
- Mandatory reporting laws and regulations to law enforcement and social services agencies (including suspected child abuse and abuse of older adults and individuals with a disability)
- The ongoing debate over the specificity of the HT information that should be included in the EHR

## Introduction

There is a strong consensus in the United States that trafficked persons should be protected to the fullest extent of the law. Researchers and policymakers, however, have pointed out the potential conflict between mandatory HT reporting laws and laws that safeguard patient privacy (e.g., HIPAA). In addition, the health care field continues to wrestle with the question of how much information should be included in the EHR of those patients who may be trafficked.

These issues confront medical assistants interacting with patients who are (or may be) ensnared in the insidious web of HT.

In light of these encounters, this module has four purposes:

1. Summarize relevant provisions of federal and state HT laws for medical assistants
2. Weigh the benefits of mandated reporting of suspected HT versus guardrails around patient privacy (e.g., HIPAA)
3. Discuss how laws and regulations can both protect trafficked persons but (in some instances) inadvertently increase the possibility of harm
4. Consider both sides of the ongoing debate over the specificity of the HT information that should be included in the EHR

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## How Much HT Information Should Be Included in the EHR?

If there are no specific state laws on inclusion of information in the EHR on HT, health care providers and their medical assistants must make decisions on what should be included in the EHRs of actual or suspected HT patients. There are numerous research findings in the HT literature that present the arguments for and against including detailed information in the EHR of HT patients. Although there are differences of opinion on this issue, all researchers agree that the well-being of HT patients should be the primary objective of health care providers. Laws, policies, and practices should reflect this societal value.

The following are typical arguments on both sides of this issue.

### ***Include Sensitive HT Information in the EHR***

- Including sensitive and detailed information in the health record of HT patients will alert current and future providers to the HT history of a patient. Such information will foster greater continuity of care for patients in case of geographic relocation or changes in other life circumstances.<sup>2</sup>
- Detailed documentation in the health record could provide key information for law enforcement authorities investigating perpetrators of HT. Such documentation could also be helpful for

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trafficked persons if they pursue legal action against their traffickers.

- Capturing information could help local and state communities better allocate their resources to combat HT and help HT persons.

### **Do Not Include Sensitive HT Information in the EHR**

- Laws requiring documentation of sensitive HT information, or that mandate reporting of HT, could discourage trafficked persons from seeking health care or generally reaching out for help.
- Disclosure laws could frighten trafficked persons into inaction because of fear of reprisal by their traffickers, prosecution by law enforcement, deportation action by immigration agents, or use of HT information against them in child custody actions. As described in an *AMA Journal of Ethics* article, “Mandatory Reporting of Human Trafficking: Potential Benefits and Risks of Harm,” such risks could outweigh the potential benefits of mandatory reporting of trafficking.<sup>3</sup>
- A party (e.g., a legal guardian) with legal access to the patient’s health information, or even human traffickers or other hostile parties, could obtain access to the HT patient’s

health record and threaten, harm, or manipulate the patient.

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### **General Guidelines**

When trafficking is suspected, follow your facility’s protocol and state reporting requirements. Most states mandate reporting when minors are involved or if there is imminent danger. The *Polaris On-Ramps, Intersections, and Exit Routes: Roadmap for Systems and Industries to Prevent and Disrupt Human Trafficking*<sup>4</sup> recommends establishing clear institutional procedures:

- **Immediate Safety:** If a patient is in danger, discreetly contact security or law enforcement.
- **Resource Connection:** Provide the National Human Trafficking Hotline (1-888-373-7888) and local advocacy resources.
- **Documentation:** Record objective observations—injuries, behaviors, and statements—without labeling the patient as a “trafficking victim” unless confirmed.
- **Follow-Up Care:** Offer mental health referrals, STI testing, and social services. ♦



Interested in learning more? The full course is available for purchase in the AAMA e-Learning Center.

Questions may be directed to CEO and Legal Counsel Donald A. Balasa, JD, MBA, at [DBalasa@aama-ntl.org](mailto:DBalasa@aama-ntl.org).

### **References**

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