

MUTUAL OF OMAHA
**PRIVACY NOTICE—MEDICAL INFORMATION
ATTACHMENT FOR RESIDENTS OF ARKANSAS**

Mental Health: We will not disclose mental health history, diagnosis, or treatment services information without your permission, except as permitted by Arkansas law.

HIV/AIDS-Related Tests: If we request an HIV/AIDS-related test, you will be provided with a special consent form to authorize the test and disclosure of test results. Disclosure of the test results will be limited in accordance with Arkansas law.

Sexual Orientation: We will not consider or inquire into a person's sexual orientation when issuing or underwriting insurance.

External Review: External review is the process by which, at the request of a claimant under a policy, our decision on coverage is reviewed by outside third parties. We will not

release your medical records for the purpose of external review without your authorization.

Account Numbers: We will not make certain disclosures of policy numbers to a nonaffiliated third party for use in telemarketing, direct mail marketing, or other marketing through electronic mail, unless permitted by Arkansas law.

Authorizations: If an individual provides us with an authorization to disclose medical information, the authorization will include the identity of the individual, and it shall not remain valid for longer than 24 months. An authorization may be revoked at any time subject to the rights of an individual who acted in reliance on the authorization before notice of the revocation.