

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

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**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.

**Authorizations to Disclose Medical Information:** If we request an authorization that permits disclosure of medical information to another insurance institution, insurance agent or insurance support organization, it will remain valid for not longer than 30 months, or if we obtain the authorization for claim purposes, for the term of the related insurance coverage.

If we request an authorization that permits disclosure of medical information to a person other than an insurance institution, insurance agent or insurance support organization, it must be obtained one year or less prior to the date of disclosure.

**Access/Accounting:** You have a right of access to recorded personal information we have about you. We will respond to your request for access or an accounting within 30 business days from the date your request is received. We will inform you of the nature and substance of such recorded personal information.

You have a right to receive an accounting of disclosures of your personal information that we have made within 2 years prior to the request for the accounting, whether the disclosure was made before or after April 14, 2003. Under your state's law, you are entitled to an accounting of disclosures to carry out our payment or health care operations.

**Amendments:** We will respond to your written request to correct, amend, or delete any recorded personal information about you within our possession within 30 business days from the date your request is received.