

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

HIV/AIDS-Related Tests: We may ask an insurance applicant if he or she has tested positive for exposure to HIV or been diagnosis as having AIDS related complex, AIDS, or another condition derived from HIV infection. However, we may not inquire whether an applicant has been tested for or received a negative result from a specific type of test for HIV or a health condition derived from HIV, such as a western-blot test.

We will only disclose information about these tests with the specific written consent of the person who was the subject of the test and then only to a limited number of persons or entities.

Genetic Information: We do not require or solicit genetic information for any insurance purpose.

Privileges: A health service organization is entitled to claim any statutory privileges against disclosure that the provider who furnished the information is entitled to claim.

Policy Numbers: We may not disclose policy numbers to an outside third party for use in telemarketing, direct mail or marketing through electronic mail.

Authorizations to Disclose Medical Information: If a person provides us with an authorization to disclose medical information, the authorization will only be valid for twenty-four (24) months. Furthermore we are not permitted to tie an authorization to an event if the event exceeds twenty-four (24) months. Under Florida law, a person may revoke an authorization orally, so the revocation need not be in writing.