

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

Sexual Orientation: We will not consider an individual's sexual orientation when issuing or underwriting insurance.

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

Genetic Information: Subject to very limited exceptions, we only release information derived from genetic testing to the individual tested and to persons specifically authorized by the individual. The exceptions permit disclosures to certain legal authorities conducting an investigation or prosecution, and such genetic information about a person who is subject to the criminal investigation or prosecution maybe used without the individual's consent.

Authorizations: If we request an authorization that permits disclosure to another insurance institution, insurance agent or insurance support organization, it shall remain valid for not longer than thirty (30) months, or if we obtain the authorization for claim purposes, for the term of the related insurance coverage. The authorization form shall advise that the individual is entitled to receive a copy of the authorization form.

If we request an authorization that permits disclosure to a person other than an insurance institution, insurance agent or insurance support organization, it must be obtained one (1) year or less prior to the date of disclosure.

Disclosure of Medical Information: Except for a limited exception, we will not disclose medical information we receive

from a pharmacy or pharmacist to any third party until we have provided to the individual a written notice detailing the purpose of the release and we have received written consent from the individual or his or her authorized representative allowing us to disclose the medical information. Under Georgia law, there is an exception allowing us to disclose medical information to a third party for appropriate medical research without the notice and written consent but only if the information released does not identify the individual who is the subject of the medical information.

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.