

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

Sexual Orientation: Our application questions are formed in a manner designed to elicit specific medical information and not lifestyle, sexual orientation, or other inferential information.

HIV/AIDS-Related Tests: If we request an HIV/AIDS-related test from an applicant, we will first obtain the applicant's written informed consent, we will reveal the use of the test to the applicant, and we will limit disclosure of the test results in accordance with Kansas law.

Genetic Information: We will not require or request any individual or a member of the individual's family to obtain a genetic test, or to reveal whether they have obtained a genetic test or the results of that test. We will not condition insurance coverage or health care benefits on whether an individual or a member of the individual's family has obtained a genetic test or the results of that test. We will not consider in the determination of rates or any other aspect of insurance coverage or health care benefits whether an individual or a member of the individual's family has obtained a genetic test or the results of that test.

Domestic Abuse: We will not ask an applicant if the individual is, has been, or may be the subject of domestic abuse or seeks, has sought, or had reason to seek medical or psychological treatment or counseling specifically for abuse, protection from abuse, or shelter from abuse.

Utilization Review: Utilization review is the process by which an insurer determines if a proposed medical procedure is medically necessary. When conducting utilization reviews,

we will collect only the information necessary to certify admission, procedure or treatment and length of stay, and will otherwise limit the information collected as required by Kansas law. The information obtained during the process of utilization review will be kept confidential and will be used solely for the purpose of utilization review, quality assurance, discharge planning and catastrophic case management. Any information received in the process of utilization review shall not be subject to discovery, subpoena or other means of legal compulsion and shall not be admissible in evidence in any judicial or administrative proceeding other than a disciplinary proceeding by the state board of healing arts or other agency of the state which regulates health care providers.

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 Kansas 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 12 months. An authorization may be revoked at any time subject to the rights of an individual who acted in reliance on the authorization prior to notice of the revocation.