

MUTUAL OF OMAHA
PRIVACY NOTICE—MEDICAL INFORMATION
ATTACHMENT FOR RESIDENTS OF MASSACHUSETTS

Domestic Abuse: We will not seek information regarding whether an individual has been a victim of domestic abuse.

Grievance Process: We have a process to address complaints an individual may have regarding adverse determinations about coverage, denial of services, quality of care and administrative operations. In order to disclose Medical Information relevant to the grievance process, we are required under Massachusetts's law to obtain the written consent of the individual who is the subject of the Medical Information.

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.

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.

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.