

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

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.

Genetic Information: Except in connection with life insurance, disability income insurance or long term care insurance we will not:

Require a person to obtain a genetic test unless the test is otherwise required by law.

Seek genetic information about a person for a purpose that is unrelated to assessing or managing the person's current health or that is not indicated by the symptoms the person exhibits.

Utilization Review of Mental Health Information:

Utilization review is the process by which an insurer determines if a proposed medical procedure is medically necessary. If we disclose information about a person for purposes of utilization review for mental health coverage, the identity of that person must be concealed from anyone having access to that information so that the person remains anonymous.

Authorizations to Disclose Medical Information: If a person authorizes us to obtain Medical Information for purposes of underwriting insurance, the authorization may not exceed a period of 24 months. We will not tie such an authorization to an event that exceeds the 24-month period.

Uniform Health Care Information Act: You may be entitled to special rights regarding your Medical Information pursuant to the uniform health care information act. We will protect your Medical Information as provided by that act.

Revocation of Authorizations: Your rights to revoke an authorization to use or disclose Medical Information may be broader under Montana law.

Access/Accounting: You have a right of access to Medical 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 the Medical Information.

You have a right to receive an accounting of disclosures of your Medical 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 Medical Information about you within our possession within 30 business days from the date your request is received.