

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

---

**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.

**Confidentiality of Medical Information:** We will adopt and maintain procedures to ensure that all identifiable information we have regarding the health, diagnosis, and treatment of our insureds is adequately protected and remains confidential in compliance with all federal and state laws. Confidential medical information will not be disclosed except as provided by law. We may claim any statutory privileges against disclosure that the health care provider who furnished the information to us is entitled to claim.

**Authorization Privacy Notice:** You will be provided with an authorization privacy notice prior to our request for an authorization to disclose financial information other than as permitted by law.

**Policy Numbers:** We will not disclose policy numbers to a nonaffiliated third party for use in telemarketing, direct mail marketing, or other marketing through electronic mail, unless permitted by North Dakota 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 will only be valid for 24 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 the notice of the revocation.