

MUTUAL OF OMAHA
PRIVACY NOTICE—MEDICAL INFORMATION
ATTACHMENT FOR RESIDENTS OF NEW MEXICO

HIV/AIDS-Related Tests: If we request an HIV/AIDS-related test from you, we will not disclose your identity or the result of the test in a manner which permits your identification, unless permitted by law. We will not disclose your test results without your specific written consent, unless permitted by law. Any disclosure will be accompanied by the disclosure statement required by New Mexico law.

Genetic Information: When determining insurability or processing an application for coverage for health care services, we will not require an individual to submit to a genetic screening or testing or make any inquiry to determine the results of genetic screening or testing. We will not ask questions on our applications for insurance that are designed to ascertain the results of any genetic screening or testing. We will not cancel or refuse to issue or renew coverage for health care services based on the result of genetic screening or testing or the use of genetic services. We will only consider the results of genetic screening or testing as permitted by New Mexico law.

Domestic Abuse: We will not request information about an applicant's or insured's abuse status. We will not make certain underwriting or claims decisions on the basis of a person's abuse status. We will not disclose or transfer confidential abuse information without your prior authorization, unless permitted by law. If you are a protected person under the New Mexico Domestic Abuse Insurance Protection Act, you are entitled to special rights. Upon your request, we will provide you with more information about these rights.

Managed Health Care Plan: Any data or information pertaining to the diagnosis, treatment, or health of any enrollee will be held in confidence and will not be disclosed,

except as permitted by law. We are entitled to claim any statutory privileges against disclosure which the provider who furnished the information to us is entitled to claim. Medical records will be protected against loss, destruction, or unauthorized use, and will be retained for at least 10 years or until the enrollee reaches age 23 years, whichever is longer. Our written quality improvement program will include confidentiality policies and procedures.

Long-Term Care Insurance Personal Worksheets: If we obtain any information from the Long-Term Care Insurance Personal Worksheet required by New Mexico law, we will not sell or disseminate that information outside of our company.

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 New Mexico 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.