

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

Sexual Orientation: No inquiry in an application for health or life insurance coverage or in an investigation in connection with an application will be directed toward determining the applicant's sexual orientation. No questions will be used that are designed to establish the sexual orientation of the applicant. Sexual orientation will not be used in the underwriting process or in the determination of insurability.

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. We will inquire into past test results only as permitted by Oregon law.

Genetic Information: If we request a genetic test from you, you will be provided with a special consent form to authorize the test. We will not use genetic information to reject, deny, limit, cancel, refuse to renew, increase the rates of, affect the terms and conditions of or otherwise affect any policy for hospital or medical expenses.

Oregon Standard Health Statement: We will use the Oregon Standard Health Statement for our health benefit plans and will limit our requests for medical records as required by Oregon law.

Independent Review: We will obtain an authorization prior to disclosing protected health information, including medical records, concerning an enrollee, that is pertinent to an independent review.

Health Benefit Plans: Our health benefit plans will ensure that the confidentiality of specified patient information and records is protected. We will afford enrollees the opportunity to approve or deny the release of identifiable medical personal information, except as otherwise required by law.

Utilization Review: All subscribers to our policies of health insurance, by acceptance of the benefits of the policy, will be deemed to have consented to the examination of medical records for purposes of utilization review, quality assurance and peer review.

Marketing: We will not disclose medical record information to our affiliates for the purpose of marketing a financial product or service without a written authorization, except as permitted by law.

Authorizations to Disclose Medical Information: If we request an authorization that permits disclosure of medical information to another insurer, insurance agent or insurance-support organization, 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 notice of the revocation.

If we request an authorization that permits disclosure of medical information to a person other than an insurer, insurance agent or insurance-support organization, it must be obtained one year or less prior to the date of disclosure.

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 two 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.