

MUTUAL OF OMAHA
PRIVACY NOTICE—MEDICAL INFORMATION
ATTACHMENT FOR RESIDENTS OF RHODE ISLAND

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. We will not disclose HIV/AIDS-related test results to a third party without prior written consent unless permitted by Rhode Island law.

Genetic Information: We will not release genetic information without prior written authorization for each disclosure that specifies to whom the disclosure is being made, except as permitted by Rhode Island law. We will not request, require or use genetic tests or genetic information when making underwriting decisions except as permitted by Rhode Island law.

Domestic Abuse: We will not make underwriting decisions on the basis of an individual's abuse status. We will not disclose or transfer information relating to a person's abuse status, a person's medical condition which we know is abuse-related, or a person's family, household, social or employment relationship with a subject of abuse, except as permitted by Rhode Island law. An insured may have special rights under Rhode Island's Unfair Discrimination Against Subjects of Abuse in Health Benefit Plans Act.

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

Confidentiality of Health Care Communications and Information Act: You are entitled to special rights regarding your confidential health care information under the Rhode Island Confidentiality of Health Care Communications

and Information Act. Upon your request, we will provide you with more information about these rights.

Utilization Review: Utilization review means the prospective, concurrent, or retrospective assessment of the medical necessity and appropriateness of the allocation of health care services of a provider, given or proposed to be given to a patient, or group of patients. A review agent is only entitled to review information or data which is reasonably relevant to the utilization review process. A review agent may not disclose or publish individual medical records or any confidential medical information obtained in the performance of utilization review activities as described by Rhode Island 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 Rhode Island 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. The authorization will include a statement that all information is to be released or clearly indicating the extent of the information to be released. 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.