

# MUTUAL OF OMAHA

## PRIVACY NOTICE—MEDICAL INFORMATION

### ATTACHMENT FOR RESIDENTS OF INDIANA

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**HIV/AIDS-Related Tests:** If our application includes any questions relating to HIV, the questions will be limited to whether the applicant has HIV or has been diagnosed as having HIV. They will be factual, objective, and designed to establish the existence of the condition. If we request an applicant to take an HIV test, the use of such a test will be revealed to the applicant, and the applicant's written consent will be obtained. The test protocol established by Indiana law will be followed. All results of tests to determine HIV infection and application responses are confidential and shall not be shared with anyone other than the applicant, the applicant's physician, and our underwriting department, except as permitted by Indiana law.

**Sexual Orientation:** Our application will not be directed towards determining an applicant's sexual orientation. Questions will not be used which are designed to establish the sexual orientation of an applicant. Questions relating to medical and other factual matters intending to reveal the possible existence of medical conditions will not be used as a proxy to establish the sexual orientation of an applicant, and an applicant will be given an opportunity to provide an explanation for any affirmative answers given in the application. Questions will be related to a finite period of time preceding completion of the application, shall be specific, objective, and shall provide the applicant the opportunity to give a detailed explanation.

**Sexually Transmitted Diseases:** If our application includes any questions relating to sexually transmitted diseases, those questions will be limited in accordance with Indiana law.

**Genetic Information:** In developing and asking questions regarding the medical history of an applicant for health care services coverage, we will not ask for the results of, or ask questions designed to ascertain the results of, genetic screening or testing.

**Domestic Abuse:** We will not ask an individual covered by or applying for an insurance policy or a health plan if the

individual is, has been, or may be a victim of abuse; or seeks, has sought, or should have sought protection from abuse, shelter from abuse, or medical or psychological treatment for abuse. We will not make certain underwriting decisions on the basis of an individual's status of abuse, history of abuse, or potential to become a victim of abuse, or on the basis that an individual seeks, has sought, or should have sought protection from abuse, shelter from abuse, or medical or psychological treatment for abuse.

**Utilization Review:** Utilization review is the process by which an insurer determines if a proposed medical procedure is medically necessary. We will keep patient-specific information obtained during the process of utilization review confidential, and will use and disclose it in accordance with Indiana law. Information obtained in the process of utilization review is confidential and privileged and not subject to the open records law or subpoena except as specified by Indiana law. To preserve the confidentiality of individual medical records, we will provide our certification number and the caller's name to a provider's named utilization review representative in the health care provider's office, keep medical records and patient-specific information in a secure area with access limited to utilization review personnel only, and retain information generated and obtained for utilization review for at least two (2) years when required by Indiana law.

**Account Numbers:** We will not make certain disclosures of policy numbers to a nonaffiliated third party for use in telemarketing, direct mail marketing, or other marketing through electronic mail, unless permitted by Indiana law.