

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

HIV/AIDS-Related Tests: We will not request an individual to take an HIV test without the individual's consent and written authorization. We will also provide the individual with written information about the HIV virus.

Genetic Information: We will not require a covered person or his or her dependent or an asymptomatic applicant for coverage or his or her asymptomatic dependent to undergo any genetic test before issuing, renewing, or continuing any hospital, medical, or surgical expense-incurred policy or certificate.

Domestic Abuse: We will not request, use or disclose information relating to an applicant's or insured's abuse status except as permitted by law.

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

Quality Assessment and Improvement: Quality assessment means the measurement and evaluation of the quality and outcomes of medical care provided to individuals, groups, or populations. Quality improvement means the effort to improve the processes and outcomes related to the provision of care within the health benefit plan. Any data or information we receive pertaining to the diagnosis, treatment, or health of a covered person is confidential and will not be disclosed to any person except to the extent that it may be necessary to carry out the purposes of the Quality Assessment and Improvement Act and as allowed by Nebraska law.

We are entitled to claim any statutory privileges against disclosure that the provider who furnished the information to us is entitled to claim. The information considered by a

quality committee shall be confidential and not subject to subpoena or order to produce except as provided by Nebraska law.

Health Maintenance Organization: Our health maintenance organization will have an ongoing, internal quality assurance program to monitor and evaluate its health care services. The plan will include confidentiality policies and procedures. Any data or information received by our health maintenance organization pertaining to the diagnosis, treatment, or health of any enrollee or applicant shall be held in confidence and will not be disclosed except as provided by law.

A health maintenance organization shall be entitled to claim any statutory privileges against disclosure which the provider who furnished the information to the health maintenance organization is entitled to claim. The information considered by a health care review committee shall be confidential and not subject to subpoena or order to produce except as provided 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 Nebraska law.

Authorizations: If an individual provides us with an authorization to disclose health 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 notice of the revocation.