

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

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**AIDS-HIV-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.

**Mental Health Records:** If records relating to mental health are disclosed to us, we are limited in our right to make further disclosures of those records without the prior written consent of the person to whom the records pertain.

**Policy Numbers:** We may not disclose policy numbers to outside third parties for use in telemarketing, direct mail or marketing through electronic mail.

**Authorizations to Disclose Medical Information:** If a person provides us with an authorization to disclose medical information, the authorization will only be valid for 24 months.