

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

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**Genetic Information:** If we obtain any genetic information, it will be kept confidential and will not be disclosed to a third party in a manner that allows identification of the individual tested without first obtaining the written informed consent of that individual, except as permitted by South Carolina law.

We will not require a person to consent to the disclosure of genetic information as a condition for obtaining accident and health insurance, and we will not discriminate on the basis of genetic information. If we require a genetic test to be performed, we will first obtain your specific informed consent to the test.

**Utilization Review:** Utilization review means a system for reviewing the necessary, appropriate, and efficient allocation of health care resources and services given or proposed to be given to a patient or group of patients. Our utilization review program will acknowledge that all applicable state and federal laws to protect the confidentiality of individual medical records are followed. Our written procedures will assure that patient-specific information obtained during utilization reviews will be kept confidential and used solely for the purposes of utilization reviews, internal quality assurance, discharge planning, case management or claims payment.

When conducting a utilization review, we will collect only the information necessary for the utilization review determination. We will not require copies of medical records on all utilization reviews as a matter of routine. Copies of pertinent medical records may be required when difficulty develops in certification or for retrospective review.

**External Review:** External review is the process by which, at the request of a claimant under a policy, our decision on coverage is reviewed by outside third parties. When requesting an external review, the covered person will be required to sign a special authorization form that authorizes the disclosure of protected health information, including medical records, concerning the covered person that are pertinent to the external review to be used for the purposes of the external review. The covered person will receive a description of our external review procedures, including a statement informing the covered person of rights related to external review.

**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 South Carolina 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. An authorization may be revoked at any time subject to the rights of an individual who acted in reliance on the authorization prior to the notice of the revocation.