

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

---

**Sexual Orientation:** We will not inquire into or investigate an applicant's sexual orientation in connection with an application for life or accident and sickness insurance coverage.

**HIV/AIDS-Related Tests:** If we request an HIV/AIDS-related test from you, you will be provided with a special consent form to authorize the test and disclosure of test results. We will maintain strict confidentiality regarding HIV/AIDS-related test results and will only disclose such information as permitted by law.

**Genetic Information:** All information obtained from genetic screening or testing is confidential and will not be made public or used in any way to cancel, refuse to issue or renew, or limit benefits under any policy, contract or plan of accident and sickness insurance, except as permitted by Virginia law. We will not disclose any genetic information received in connection with any insurance transaction without an authorization or as otherwise permitted by Virginia law.

**Utilization Review:** Utilization review means a system for reviewing the necessity, appropriateness and efficiency of hospital, medical or other health care services rendered or proposed to be rendered to a patient or group of patients for the purpose of determining whether such services should be covered or provided by an insurer. Our utilization review policies and procedures will be designed to ensure confidentiality of patient-specific medical records and information. We will have reasonable access to patient-specific medical records and information.

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

**Authorizations to Disclose Medical Information:** If we request an authorization that permits disclosure of medical information to another insurance institution, insurance agent or insurance support organization, it shall remain valid for not longer than 30 months, or if we obtain the authorization for claim purposes, for the term of the related insurance coverage.

If we request an authorization that permits disclosure of medical information to a person other than an insurance institution, insurance agent or insurance support organization, it must be obtained two years or less prior to the date of disclosure.

**Access/Accounting:** You have a right of access to recorded personal information we have about you. We will respond to your request for access or an accounting within 30 business days from the date your request is received. We will inform you of the nature and substance of such recorded personal information.

You have a right to receive an accounting of disclosures of your personal information that we have made within two years prior to the request for the accounting, whether the disclosure was made before or after April 14, 2003. Under your state's law, you are entitled to an accounting of disclosures to carry out our payment or health care operations.

**Amendments:** We will respond to your written request to correct, amend, or delete any recorded personal information about you within our possession within 30 business days from the date your request is received.