

**Southwest Health Associates, P.A.**  
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**Privacy Practice Agreement**

I \_\_\_\_\_ have read the aforementioned privacy practice booklet and I understand the guidelines mentioned. This notice describes how my medical information may be used and disclosed, as well as how I can obtain access to this information. I have offered an opportunity to have all questions answered to my satisfaction in regards to the mentioned privacy practice booklet.

Sign and Date

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date