

## HIPAA Acknowledgement



### Acknowledgement:

I acknowledge that I have received a copy of the NOTICE OF PRIVACY PRACTICES that has an effective date of March 1, 2010.

Patient Name (Please Print): \_\_\_\_\_

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

Date: \_\_\_\_\_

**Erin Houseknecht, D.C. | Jason Stugart, D.C.**

Belmont Chiropractic, LLC  
43330 Junction Plaza, Suite 166  
Ashburn, Virginia 20147  
P: (571) 291-9359 | F: (571) 291-9627  
Email: [Belmont.Chiro.Clinic@gmail.com](mailto:Belmont.Chiro.Clinic@gmail.com)  
Website: [BelmontChiroClinic.com](http://BelmontChiroClinic.com)