



## Declaration of Informed Consent

You have scheduled an appointment for an endobiogenic evaluation with DelLisa Eddington, N.P. DelLisa is an Idaho Licensed Nurse Practitioner with extensive training in integrative medicine. She is also currently working to complete her Fellowship in Endobiogenic Medicine.

It is important for you to understand that although Endobiogeny has been studied closely and extensively in France, it has not yet been subjected to the requirements of scientific scrutiny by American medical standards. However, since herbs and supplements are available over-the-counter to all Americans, it is our belief that you are serving yourself well by undergoing an Endobiogenic consultation to assist you in selecting the herbal therapy with the greatest potential benefit and the least potential risk for you as a unique individual.

The endobiogenic treatment program will likely involve significant dietary and lifestyle changes in addition to a blend of herbs and supplements. It is important for you to closely adhere to the recommendations to achieve maximum benefit from the program.

*I have read and understand the above statements. I agree to proceed with an endobiogenic evaluation at my own discretion. DelLisa Eddington will be acting as a Primary Care Provider and as a consultant to provide natural health care services as defined by and in compliance with Idaho Statutes sections 54-1804.*

*I authorize EIMC to share critical information such as lab alerts with my Primary Care Physician. Additionally, I authorize my lab data and medical diagnosis codes to be used anonymously for research purposes.*

Primary Care Physician Authorized to Receive Critical Information		
Name:	Phone:	Fax:
Address:		

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**Signature**

**Date**