

*Robin May-Davis Psychiatry*

*2224 Walsh Tarlton Lane #110 Austin TX 78746*

DISCLAIMER AND RELEASE

As a patient of Robin May-Davis, MD, I understand that Dr. May-Davis is willing to consider the use of various “alternative” and integrative treatments, some of which are not part of conventional medical practice. I also understand that Dr. May-Davis, based on her training and professional assessment of my nutritional, medical, and general condition will consider a variety of options to treat me. This could include the use of dietary supplements, as defined by the Dietary Supplement Health and Education Act of 1994 (DSHEA), and may consist of vitamins, minerals, herbs, amino acids, concentrates, metabolites, other supplements or combinations of these ingredients.

I understand that these are supplements and legally sold as such, and not approved by the FDA as drugs or medicines. As these are purchased and administered for “nutritional support” or to impact “structure or function” of the body, their use or claims have not been evaluated by the FDA or Texas Department of Health. Integrative items which are recommended by her will have data to support their use and safety. I also understand that the state of nutrition and botanical science, much like medicine, is a fluid and continually evolving field. I understand that Dr. May-Davis may make recommendations based on current understanding of the scientific literature relating to these products. This literature is incomplete as in all medical fields and is possibly subject to future changes, developments and professional disagreement.

As these herbal treatments or dietary supplements are not regulated, quality can vary. Dr. May-Davis is not responsible for supplemental products and their ingredients. Using third party reviews of products and checking for good manufacturing practices are ways to choose better quality supplements.

I hereby grant Dr. May-Davis the right to make any and all recommendations regarding the rational use of herbs and other dietary supplements as she may determine appropriate for my condition based on her sound professional judgement, informed by the medical literature and clinical expertise. I acknowledge that the decision, of whether or not to take these items, is solely mine. Therefore, I hereby agree to release and do not hold Dr. May-Davis accountable for any claim or responsibility for the results or lack thereof related to taking the above mentioned items.

I have read and understood the above information and I agree to these terms.

Signed:

Date:

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