

## Licensee Details

Please see below for details for the licensee you selected.

<b>Name:</b> Patricia Ritchie Haynes	<b>Designation:</b> MD	
<b>Lic #:</b> 18071	<b>Profession:</b> Physician	<b>Subtype:</b> Full
<b>Status:</b> Active	<b>Issued:</b> 10/13/1976	<b>Expires:</b> 3/31/2021

### Specialties

Specialty/Subspecialty	Certifying Board	Primary Specialty?
Gynecology		Y

**Disclaimer:** Please note that many valid certifying specialty boards do not participate in the American Board of Medical Specialties (1-866-ASK-ABMS or www.abms.org) and actual verification of a physician's board certification is best accomplished by contacting the individual certifying specialty board.

### Practice Address

<b>Street Address:</b> 250 Riverwood Court ATLANTA GA 30328
<b>County:</b> Fulton
<b>Country:</b> United States

### Related Licenses

Relationship/Name	Dates	License Details
<b>PA Supervisor:</b> Sadifu Carr, Aminifu Sadifu	<b>Since:</b> 9/2/2009 <b>End Date:</b> <none>	Physician Assistant # <b>5618</b> <b>Status:</b> Lapsed

### Public Documents

No public documents to display
--------------------------------

## Physician Profile

**Disclaimer:** This information has been provided by the physician and has not been verified by the Board. The Patient Right to Know Act requires physicians licensed to practice in the State of Georgia to provide certain information to the Board that is to be made available to the public. The Board relies upon information provided by the physicians to be true and correct, as required by statute. It is an act of unprofessional conduct for a licensee to provide erroneous information to the Board. The Board makes no warranty or guarantee concerning the accuracy or completeness of physician profiles.

For sections where there is no data, the Physician has not provided any information pertaining to that section.

Date of Profile Submission or Latest Update

### Initial Licensure

Initial License State	Initial License Issue Date	Malpractice Coverage

### Practice Location History

City	State/Province	Country	From	To

**Medicaid/Medicare**

Currently Accepting Medicaid Patients?	Currently Accepting Medicare Patients?
N	N

**Medical Education and Training****Education/Certifications**

School Type	From	To	Graduated	School Name
-------------	------	----	-----------	-------------

**Graduate Medical Education**

Program Type/Specialty	GME/Hospital Name	From	To	City/State/Zip	Country	Graduated
	Emory/Grady	07/01/1975	06/30/1979	Atlanta GA	US	
	ObGyn	07/01/1975	06/30/1979	Atlanta GA	US	

**Current Hospital Privileges**

Hospital Name	City/State/Zip
Landstuhl Regional Medical Center	

**Final Disciplinary Action**

Agency Name	Discipline Date	Violation Description	Action Type	Action Description
-------------	-----------------	-----------------------	-------------	--------------------

**Hospital Privilege Revocations**

Hospital Name	Discipline Date	Violation Description	Action Type	Action Description
---------------	-----------------	-----------------------	-------------	--------------------

**Criminal Offenses**

Date of Offense	Jurisdiction	Description of Offense
-----------------	--------------	------------------------

**Medical Malpractice Judgment Arbitration Awards**

**List of medical malpractice court judgment and/or arbitration awards against this physician entered on or after April 11, 2001 that was in excess of \$100,000 limited to the most recent 10 years.**

Date Awarded	Amount Awarded
--------------	----------------

**Disclaimer:** Settlement of a claim may occur for a variety of reasons which do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

**Medical Malpractice Settlement Amounts**

- A. Minimum four (4) settlements (regardless of amount).**
- B. Three (3) settlements with at least one (1) settlement over \$100,000.00.**
- C. Any settlement in which at least one (1) payment is in excess of \$300,000.00.**

Settlement Date	Settlement Amount
-----------------	-------------------

**Disclaimer:** Settlement of a claim may occur for a variety of reasons which do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

**List of physician's articles, journals, or publications limited to the most recent ten years**

Date	Publication	Title
------	-------------	-------

**List of professional organizations, community service organization memberships or activities**

Organization	Type	Description
--------------	------	-------------

**Awards**

Organization	Award/Honor
--------------	-------------

**List of all languages excluding English used the by physician to communicate with patients and/or translation services available to their patients at the primary place of practice**

Language
----------

**List of Appointments to Medical School Faculties (Not hospital affiliations or privileges)**

School	Position
--------	----------

**Physician's Comments**

--	--