#### WILLIAM D. RICHIE M.D.

# License Number: ME111138

Profession Medical Doctor
License Status Null And Void/
Year Began Practicing 07/01/1983
License Expiration 01/31/2020

Date

# General Information

## **Primary Practice Address**

WILLIAM D. RICHIE M.D. LLOYD C. ELAM CENTER MEHARRY MEDICAL COLLEGE NASHVILLE, TN 37208

#### Medicaid

This practitioner DOES participate in the Medicaid program.

# **Staff Privileges**

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
NASHVILLE GENERAL HOSPITAL	NASHVILLE	TENNESSEE
HCA CENTENNIAL HOSPITAL	NASHVILLE	TENNESSEE

## **Email Address**

Please contact at: wrichie@mmc.edu

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
WASHINGTON	MEDICAL
DISTRICT OF COLUMBIA	MEDICAL
TENNESSEE	MEDICINE
WISCONSIN	MEDICINE

# Florida Birth-Related Neurological Injury Compensation Association

If you are a Florida Allopathic (MD) or Osteopathic (DO) Physician, you are required to provide proof of payment of the Florida Birth-Related Neurological Injury Compensation Association (NICA) assessment as required by section 766.314, Florida Statutes. Payment of the initial and annual assessment are required of all Florida Allopathic and Osteopathic Physicians who do not qualify for an exemption as set forth in section 766.314(4)(b)4, Florida Statutes.

This practitioner has not indicated whether he/she has submitted payment of the assessment.

# **Education and Training**

# **Education and Training**

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF MISSOURI-KANSAS CITY	MD	8/1/1977 - 5/1/1983	05/31/1983

## **Other Health Related Degrees**

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
UNIVERSITY OF MISSOURI-KANSAS CITY	KANSAS CITY	MISSOURI	08/01/1977	05/31/1983	BACHELOR OF ARTS

# **Professional and Postgraduate Training**

This practitioner has completed the following graduate medical education:

Program Name	Program Type	Specialty Area	Other Specialty Area	City	State or Country	Dates Attended From	Dates Attended To
LOUISIANNA STATE UNIVERSITY HEALTH SCIENCES CENTER	RESIDENCY	GS - SURGERY		NEW ORLEANS	LOUISIANA	07/01/1983	06/01/1985
HOWARD UNIVERSITY HOSPITAL	RESIDENCY	P - PSYCHIATRY		WASHINGTON	DISTRICT OF COLUMBIA	07/01/1987	06/01/1990
LOUISIANA STATE UNIVERSITY HEALTH SCIENCE CENTER	FELLOWSHIP	OTHER	LAW AND PSYCHIATRY	NEW ORLEANS	LOUISIANA	07/01/1997	06/01/1998

# **Academic Appointments**

## **Graduate Medical Education**

This practitioner has had the responsibility for graduate medical education within the last 10 years.

# **Academic Appointments**

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

# **Specialty Certification**

# **Specialty Certification**

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

Specialty Board	Certification	Date Certified
AMERICAN BOARD OF PSYCHIATRY AND NEUROLO	P - PSYCHIATRY	01/01/1993
AMERICAN BOARD OF PSYCHIATRY AND NEUROLO	P - FORENSIC PSYCHIATRY	06/01/1999

# Financial Responsibility

# **Financial Responsibility**

Financial Exemption Proceedings and Actions

# **Proceedings & Actions**

#### **Criminal Offenses**

The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to

#### the public. Information is verified by the Department at the time of initial licensure and renewal.

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

#### **Medicaid Sanctions and Terminations**

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

#### Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

The information below is self reported by the practitioner.

#### Final disciplinary action taken by a specialty board within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a specialty board.

#### Final disciplinary action taken by a licensing agency within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a licensing agency.

# Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.

This practitioner has indicated that he/she has \*NEVER\* been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

#### Liability Claims Exceeding \$100,000.00 Within last 10 years.

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

Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click here.

There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous 10 years.

# **Optional Information**

# Committees/Memberships

This practitioner has an affiliation with the following committees:

NASHVILLE GENERAL HOSPITAL ETHICS COMMITTEE

MEHARRY MEDICAL COLLEGE ADMISSIONS COMMITTEE

#### **Professional or Community Service Awards**

This practitioner has provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
OUTSTANDING PHYSICIAN JULY 2013	LLOYD C ELAM CENTER MENTAL HEALTH CENTER
KEYNOTE SPEAKER MARTIN LUTHER KING DAY CELEBRATION JANUARY 8	TENNESSEE VALLEY VA MEDICAL CENTERS HEALTHCARE SYSTEM

#### **Publications**

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

#### **Professional Web Page**

http://www.mmc.edu/education/som/academicdepartments/somclin

#### **Languages Other Than English**

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

# **Other Affiliations**

This practitioner has provided the following national, state, local, county, and professional affiliations:

# Affiliation

DISTINGUISHED FELLOW AMERICAN PSYCHIATRIC ASSOCIATION

MEMBER AMERICAN ACADEMY OF PSYCHIATRY AND THE LAW

NATIONAL MEDICAL ASSOCIATION SECTION CHAIR PSYCHIATRY