APA's Committee on Mental Health IT developed a list of some questions that it believes relevant to gather information that may be useful in assessing an AI scribe tool. In July, 2025, the identified questions were sent to 31AI scribe tool developers and the answers received from those entities have been published at psychiatry.org/AIScribeTools. Note that not all entities which received the inquiry provided a response. The page will be updated as more responses are received.

These sample questions are intended to provide suggestions of information to consider when evaluating an AI scribe tool for potential use in a psychiatric practice. The sample answer responses reflect the information provided by the tool developer on a specific date; they have not been independently verified as accurate by APA and do not necessarily reflect the most current information for the tool. APA encourages each individual to conduct their own assessment before using any tool. APA does not endorse and has not investigated the quality of any particular AI scribe tool mentioned and assumes no responsibility for any result or outcome related to the use of the information or any tool.

Inquiry on AI Scribe Solutions for Psychiatrists PMHScribe Inquiry Responses www.PMHScribe.com

1. **How does your AI scribe handle clinical documentation in behavioral health, including progress notes, therapy sessions, and psychiatric evaluations?**

    - Our structure for initial psychiatric evaluations follows the APA's Clinical Practice Guideline for the Psychiatric Evaluation of Adults categories. The pediatric psychiatric evaluation in our software follows that APA practice guideline, but adds parts related to development and school resources.
    - Medication management notes are formatted to meet APA documentation standards and AMA CPT billing medical decision-making codes guidelines. We additionally have a CPT coding tool includes psychiatric decisional ai, such as addressing suicidality, managing lithium, or considering ECT.
    - We provide note templates for psychotherapy add-ons and standalone therapy sessions, including SOAP, DAP, and GIRP formats. Psychotherapy time tracking is built-in, and the system supports proper coding (e.g., 90833, 90836, 90838) to ensure accurate billing.
    - PMHScribe also supports long-term care documentation, with prompts for gradual dose reductions and Medicare MIPS quality measures, as well as hospital and consult-liaison notes, emphasizing documentation of medical necessity for higher levels of care.
        - We're also expanding our capabilities to include procedure notes for treatments like ketamine and TMS based on customer demand.

2. **What measures are in place to ensure patient privacy and compliance with HIPAA and other relevant regulations when using your AI scribing tool?**

   - PMHScribe runs on a HIPAA- and HITECH-compliant AWS infrastructure, with audit logs, session timeouts, encryption in transit and at rest, and no retention of raw audio data. Each component of our system is managed as a distinct HIPAA-bound entity.
   - Our entire team is trained in HIPAA compliance, and we maintain signed Business Associate Agreements (BAAs) across all partners and services overseen by a team of healthcare compliance lawyers.
   - PMHScribe is unique because we are the only AI scribe solution in the U.S. that requires NPI validation before anyone can use the platform. Every user must be a licensed healthcare provider with a verifiable NPI. This is a core safeguard—not just for compliance but also for ethical use. It ensures appropriately trained professionals use the tool and prevents misuse by non-clinicians or those outside the scope of practice.
   - This NPI-gated access is especially critical because our platform includes clinical decision support—particularly around medications and patient education. It's not just transcription; it's intelligent documentation with built-in accountability.
   - We also run on a private AI model that does not share or train on user data. PMHScribe does not send information to commercial large language models. Data remains siloed and secure without being used to train third-party systems.

3. **How does your AI model differentiate between structured medical terminology and the nuances of psychotherapy conversations, such as patient emotions, nonverbal cues, and contextual meaning?**

   - We use medically trained transcription software—separate from the AI model—to generate transcripts. These transcripts are scrubbed of personally identifying information and undergo preprocessing to infer and verify structured medical language, including medication names, terminology before any data is passed to the AI engine. This pre-processing step helps preserve accuracy and reduce hallucinations.
   - Regarding psychotherapy nuance, we take a conservative, clinician-led approach. Currently, we do not use emotion recognition or sentiment modeling, and we intentionally avoid making inferences about patient affect, tone, or body language unless the transcript explicitly includes that detail. Like traditional dictation software, we rely on the clinician—psychiatrist, therapist, or nurse practitioner—to document or verbalize any nonverbal cues, emotional states, or subtleties of rapport.
   - However, we trained the AI to recognize and classify language patterns associated with 22 different psychotherapy modalities to support therapy-focused providers. The training allows PMHScribe to suggest therapy frameworks that were performed. based on the transcript—such as Cognitive Behavioral Therapy, Motivational Interviewing, or EMDR—without overstepping into interpretation. It's designed to be a starting point, not a diagnosis, helping clinicians streamline documentation while preserving clinical judgment.

4. **What level of human oversight is required for accuracy, and how does the AI handle potential errors, biases, or misinterpretations in behavioral health documentation? At PMHScribe, the clinician should always remain in control. Our AI is designed to assist with structure and efficiency, but human oversight is essential to ensure accuracy, nuance, and appropriateness—especially in psychiatry.**

    - Every session note includes a built-in feedback tool, allowing providers to quickly flag errors, misinterpretations, or areas where the AI misunderstood the context. This feedback is connected to the specific encounter and is reviewed.
    - Our healthcare-trained prompt engineers review this feedback daily to refine the model and adjust our prompting strategies.
    - We consulted with psychiatric experts in LGBTQ+ informed care in the development of our note outputs. We aim to reduce bias, prevent misgendering, and ensure respectful, identity-affirming language across all notes.
    - In sensitive settings like consult-liaison psychiatry, where multiple disciplines may view notes, we provide intentionally concise note templates without excessive trauma details. This deliberate design choice helps maintain patient privacy across broader care teams.

5. **Can your AI scribe integrate seamlessly with electronic health record (EHR) systems commonly used in behavioral health, and what customization options are available to align with different clinical workflows? For example, can clinicians review transcripts or create custom templates?**

    - Clinicians can copy and past, download, or securely send generated notes for easy transfer into most EHR systems. This approach works especially well for providers whose EHRs do not yet support third-party integrations, allowing for rapid implementation with minimal technical overhead.
    - We offer custom templates to paid users. However, most of our users find the out-of-the-box templates require little or no modification, since they align with APA clinical documentation-standards and CPT billing guidelines. The structure, terminology, and flow are intentionally built to meet the needs of psychiatric documentation.
    - For enterprise customers, we offer optional EHR integrations and white-labeled versions of PMHScribe.

6. **How long are transcripts and audio files stored?**

    - At PMHScribe, we have taken a unique, strict, and proactive stance on audio privacy:
    - We do not ever store audio recordings. Our system uses real-time speech-to-text processing, segmenting speech at every 30-millisecond intervals. Once those segments are converted into text, the audio is immediately deleted and never retrievable.
    - The resulting transcripts are entered and stored only in the PMHScribe platform. If a transcript is not yet linked to a patient, it is saved temporarily by date and time. Once a patient name or identifier is assigned, it is assigned and stored for that patient.

- Transcripts remain in the system until the provider chooses to delete them.
- This recording-free, transcript-only model was developed to reduce risk and protect patient confidentiality.

7. What are the pricing options for your product? Is your product designed for large healthcare systems or smaller practice settings?

- Individual Psychiatric Providers (verified through NPI) pay $99/month.
- Individual Counselors (also NPI-verified) are priced at $79/month.
- Group Practices receive tiered discounts via a shared coupon code, ranging from 10% to 50% off per user, depending on the number of users and any seasonal promotions.
- For enterprise clients—typically healthcare systems or clinics with 50 or more providers—pricing is customized based on the organization's specific needs. This may include EHR integration, white labeling, administrative dashboards, and workflow customization.

8. What, if any, studies have been done showing evidence for the efficacy and effectiveness of the tool?

- We have an internal assessment tool to measure user note completeness and accuracy. The goal is to provide measurable data on performance across different note types.
- Based on aggregated user feedback, most providers report a 30% reduction in documentation time—a significant efficiency gain, especially in high-volume psychiatric or therapy practices.
- We are also implementing burnout reduction and satisfaction surveys to understand better how PMHScribe may support clinician well-being over time. These tools will help us collect longitudinal data on emotional workload, satisfaction with charting, and the impact of AIassisted documentation on provider mental health.