

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 31 AI 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.

<https://www.suki.ai/>

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

Suki has developed customized prompting for large language models (LLMs) to accurately structure conversations or monologues between providers and patients into clinically relevant notes. The tool offers a high degree of customization, allowing each user to tailor note templates to meet their unique documentation needs, including behavioral health use cases such as therapy sessions and psychiatric evaluations.

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

Suki is HIPAA compliant and SOC 2 Type II certified. All data sent to the LLM is deidentified in accordance with Safe Harbor standards, ensuring that no protected health information (PHI) or personally identifiable information (PII) is used.

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?

Suki's LLM prompting is optimized for each clinical specialty, and our automatic speech recognition (ASR) system is trained specifically on medical terminology. While the solution can effectively capture clinical context and language, it does not currently detect emotional or nonverbal cues.

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?

Suki regularly evaluates and retrains its models to ensure accuracy, fairness, and quality. Clinical audits are conducted routinely, and training data is deidentified and representative. Importantly, Suki's models do not use data related to race, ethnicity, sexual orientation, socioeconomic status, or geographic location. Age and gender are used only for context during note summarization. Users are encouraged to review and edit notes to ensure final documentation accuracy.

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 (e.g., clinician ability to review transcripts or create custom templates)?

Suki supports two integration models: bidirectional FHIR integration and embedding via APIs. Clinicians can customize note templates, review and edit transcripts, and create personalized scripts (macros) to align with their specific workflows.

6. How long are transcripts and audio files stored?

Ambient session transcripts and audio files are securely stored in Google Cloud Platform(GCP) for 7 days and are never saved to personal or local devices. These files are not accessible to end users or discoverable; access is limited to the Suki operations team solely for the purpose of regenerating a note, after which they are permanently deleted.

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

Suki is designed to be flexible and accessible to both solo practitioners and large enterprise health systems. We offer two pricing models: peruser and consumptionbased. Our customers range from individual clinicians to systems with over 5,000 providers.

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

<https://www.fiercehealthcare.com/ai-and-machine-learning/ambient-scribes-decrease-burnout-60-small-primary-care-providers-phyx>

