

OPERATING NOTE NO. 03

The Data Covenant

or, what happens to your patient list when you work with us.

Your patient list is the most valuable asset in your practice — and the most protected class of data in American business. Any partner who asks to see it owes you a written answer to one question before anything else: how will it be handled? This is ours, in full, in writing.

<p>1st</p> <p>DOCUMENT SIGNED IN EVERY ENGAGEMENT: A HIPAA BUSINESS ASSOCIATE AGREEMENT, BEFORE A SINGLE RECORD MOVES</p>	<p>100%</p> <p>OF ANALYSIS PERFORMED INSIDE THE PRACTICE’S OWN SYSTEMS OR ON DE-IDENTIFIED EXTRACTS</p>	<p>0</p> <p>PATIENT RECORDS RETAINED, SOLD, SHARED, OR REUSED AFTER CLOSE — DELETION CERTIFIED IN WRITING</p>
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THE PREMISE

Under HIPAA, a growth partner who touches patient information is a *business associate* — legally bound, in writing, to safeguard it. That is not a burden we tolerate. It is the basis of the whole relationship.

MCN Ascent executes a Business Associate Agreement before any access is granted, works under the minimum-necessary standard — only the fields the analysis requires, never the chart — and conducts reactivation work inside the practice’s own EMR and communication tools wherever possible, so data simply never leaves the building.

“The patient list never becomes ours. We are guests in your data the way we are guests in your practice — invited, supervised, and gone when the work is done.”

WHY IT MATTERS TO YOU

The liability for a data incident lands on the practice — the covered entity — not on the vendor who caused it. OCR penalties, state notification costs, and the reputational damage of telling patients their information was mishandled are all yours. So your standard for anyone touching patient data should be ruthless.

It also matters commercially: clean, documented data handling is something buyers and lenders examine. A practice that can show disciplined vendor agreements and access controls is worth more than one that cannot. The covenant below is built to survive that examination.

THE HANDLING PROTOCOL · FROM FIRST CALL TO ENGAGEMENT CLOSE

Before access · Business Associate Agreement executed; scope of permitted data defined in writing	Day 0
Access granted · Minimum-necessary fields only (name, contact, visit history, service & spend) — never clinical notes or photos	Diagnostic
Where the work happens · Inside the practice’s EMR/CRM under a supervised login; exports only when unavoidable, encrypted in transit — never email attachments	Days 1–90
Analysis · Benchmarking and reporting on de-identified or aggregated data; no patient is identifiable in any deliverable	Continuous
If something goes wrong · Notification to the practice without unreasonable delay, full cooperation, costs of our breach are ours	Always
AT CLOSE · ALL PRACTICE DATA DELETED FROM OUR SYSTEMS; DELETION CERTIFIED IN WRITING	Certified

COMMITMENT I

Minimum Necessary, Always

We request the narrowest data that answers the question. Reactivation needs contact details and visit economics — not charts, not photos, not clinical notes. If a field isn’t needed, it isn’t requested; if it arrives anyway, it’s deleted.

COMMITMENT II

Your Systems, Your Control

Work happens inside the practice’s own EMR, CRM, and messaging tools under access you grant and can revoke in one click. The campaign, the segments, the templates — all built where you can see them, and all yours when we part.

COMMITMENT III

Deletion on Departure

When the engagement ends, our access ends and our copies are destroyed — certified in writing. Your patient list is never reused for another client, never benchmarked with your name on it, and never an asset of ours.

If your current vendors can’t answer these questions —

that’s worth a conversation, whether you ever work with us or not. The Business Associate Agreement and this protocol are presented at the first meeting, before any engagement is discussed. Currently selecting two practices in the DMV for a Summer 2026 cohort.

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