Approved Entities

Waiver Number	**583**		
Primary Entity Name	**The Retreat, Inc.**		
Primary Address	*13 Goodfriend Drive* *East Hampton* *NY* *11937-*	***Primary Phone Number***	*(631) 329-4398*
		Current Waiver Issued Beginning Period	*11/1/2013*
		Current Waiver Ending Period	*10/31/2016*
County	*Suffolk*		

Professional Services to be Offered by Qualified Individuals:

☑ Licensed Master Social Work	☑ Licensed Marriage and Family Therapy	☐ Licensed Psychoanalysis
☑ Licensed Clinical Social Work	☐ Licensed Creative Arts Therapy	☑ Psychology
☑ Licensed Mental Health Counseling		

Additional Sites if any - with Certificate Number

Certificate Number	**CW - 583 - 2143 The Retreat, Inc.**
Certificate Number	**CW - 583 - 2142 The Retreat, Inc.**

Certificate Number	**CW - 583 - 2140 The Retreat, Inc.**