
Approved Entities

Waiver Number **583**

Primary Entity Name **The Retreat, Inc.**

Primary Address *13 Goodfriend Drive*

East Hampton

NY

11937-

Primary Phone *(631) 329-4398*
Number

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:

<input checked="" type="checkbox"/> Licensed Master Social Work	<input checked="" type="checkbox"/> Licensed Marriage and Family Therapy	<input type="checkbox"/> Licensed Psychoanalysis
<input checked="" type="checkbox"/> Licensed Clinical Social Work	<input type="checkbox"/> Licensed Creative Arts Therapy	<input checked="" type="checkbox"/> Psychology
<input checked="" type="checkbox"/> 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.