



COGNIFUL

ADMISSIONS GUIDE

Your next step, with care.

Individual mental health, addiction, and trauma care in a shared residence for a maximum of four clients at any given time.

MALLORCA, SPAIN | September 25, 2026

A clearer picture of your stay.

Considering residential treatment raises both personal and practical questions. This guide brings together COGNIFUL's published information about the care model, clinical suitability, residential life, fees, and the steps toward admission.

Your individual assessment and written proposal determine the actual plan. A general description cannot confirm admission, a particular clinician, or an identical schedule for every client.

Use this guide alongside your admissions conversation. Your proposal confirms the residence, clinical input, duration, inclusions, payment terms, and any additional costs.



From first questions to a considered decision.

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Section titles are clickable. Web links open the relevant COGNIFUL page for fuller information.

One small residence. An individual plan.

The shared setting describes how you stay. Your clinical assessment, psychotherapy, and treatment priorities remain personal.

01

Maximum 4 clients

The limit applies to the entire residence at any given time throughout your stay.

02

Your private suite

Your own personal space within a shared residential setting.

03

Individual psychotherapy

Psychotherapy is primarily one-to-one, with clinical input agreed around your needs.

04

Mallorca, Spain

Residential care with shared spaces, meals, and selected activities.

05

Usually 4-12 weeks

Duration is reviewed individually, not treated as a guaranteed recovery timeline.

06

CHF 35,000 per week

Per person. Your proposal confirms the total fee and precise inclusions.

Admission depends on clinical suitability and availability.

Your treatment is personal. Daily life can be shared.

A private suite does not mean exclusive use of the whole residence. Sharing a residence does not mean sharing your individual therapy or treatment plan.

What remains individual

- Clinical assessment and personal treatment priorities.
- Primarily individual psychotherapy and private clinical appointments.
- Your own private suite and time to rest or reflect.
- Progress reviews and decisions about your care.
- Family involvement and information sharing, with the appropriate authorization.

What may be shared

- Residential common areas and everyday surroundings.
- Meals with other residents.
- Selected physical activities and excursions, as agreed.
- Ordinary social contact within clear privacy expectations.
- Practical routines that are compatible with individual treatment plans.

The proposed mix and frequency of clinical sessions are confirmed individually. Shared living should not be confused with a promise of group psychotherapy.

Care begins with your actual needs.

COGNIFUL considers mental health, addiction, trauma, and co-occurring needs when they can be supported in this residential setting.

01

Mental health

The website describes residential care for depression and anxiety, with an individual clinical review before admission.

02

Addiction

Published treatment areas include alcohol, cocaine, cannabis, and prescription-medication concerns.

03

Trauma and PTSD

Assessment considers suitability, privacy, the proposed approach, and an appropriate pace of care.

04

Co-occurring needs

Mental health, substance use, and trauma-related concerns are considered together where they overlap.

Assessment comes before admission.

The review considers what you need now, what has already been tried, and whether the shared residential setting can provide appropriate support.

01 Current concerns

Describe symptoms, everyday functioning, immediate difficulties, and what brings you to treatment.

02 Health and treatment history

Share relevant physical health information, previous care, current clinicians, and your medication history.

03 Substance use and withdrawal

Include alcohol, non-prescribed substances, actual medication use, and possible withdrawal needs.

04 Safety and the right setting

Clinical needs determine whether this residence is suitable or whether another level of care is needed first.

Medical detoxification, acute psychiatric care, or another level of support may need to come first. An admissions inquiry is not an emergency assessment; urgent concerns require local medical help.

A plan that connects treatment with daily life.

The purpose of the stay is not simply to fill a timetable. Assessment, individual care, progress review, and preparation for home should form a coherent plan.

01 Understand

Bring together current concerns, treatment history, relevant health information, and personal priorities.

02 Plan

Clarify treatment goals, proposed clinical input, practical support, and how progress will be reviewed.

03 Engage

Participate in primarily individual psychotherapy and other agreed appointments, alongside a workable daily rhythm.

04 Prepare for home

Consider continuing care, relationships, routines, work, and the handover to relevant professionals.

The plan can be reviewed as needs and circumstances become clearer. Specific treatment methods and session frequency are confirmed in your proposal.

A shared clinical team. Clear individual responsibility.

COGNIFUL shares its clinical team with THE BALANCE. The professionals involved in your stay depend on assessment and the agreed plan.

01

Clinical direction

Ask who will lead your care and how the priorities for treatment are agreed and reviewed.

02

Appointments and coordination

Confirm who organizes the proposed appointments and communicates changes to the plan.

03

Support between sessions

Clarify the actual support and escalation arrangements, including outside appointment hours.

04

A coordinated handover

With appropriate authorization, identify how existing clinicians and agreed family contacts will contribute to continuity.

Your own space, within a small residence.



Each client has a private suite. Common areas and selected aspects of residential life are shared, with a maximum of four clients in the entire residence at any given time.

The exact residence, room, and practical arrangements are confirmed before arrival. Tell admissions about requirements that affect comfort, accessibility, privacy, or participation.

Space for care, meals, and time to reset.



Chef-prepared meals and residential coordination sit alongside the clinical work. Meals, selected physical activities, and excursions may be shared according to the agreed program.

Personal time matters too. Your schedule can include space to rest, reflect, and prepare for the next appointment. Discuss dietary needs and any practical restrictions before confirming your stay.

Structure without a fixed schedule.

A day follows the individual care plan. These elements illustrate possibilities, not guaranteed times, appointments, or a compulsory sequence.

01 Start the day

Personal routine, breakfast, and preparation for agreed appointments.

02 Individual care

A private psychotherapy appointment or other clinical input included in your plan.

03 Meals and a pause

Time to eat, rest, and move between appointments. Meals may be shared.

04 Selected activities

Movement, a physical activity, or an excursion when appropriate and agreed.

05 Personal time

Space for reflection, quiet activity, and private rest.

06 Plan the next steps

Clarify forthcoming appointments, changes to the schedule, and priorities for continuing care.

The mix and frequency of sessions vary with clinical needs. Confirm phone use, work commitments, visitors, and practical expectations with admissions.

Prepare the essentials. Reduce avoidable uncertainty.

Clinical approval, availability, and the written proposal should be clear before you rely on a travel plan.

01 Confirm your admission

Check the agreed dates, residence, suite, proposed duration, and arrival instructions.

02 Organize clinical information

Ask which records, medication details, and existing-clinician contacts are needed and how to share them securely.

03 Discuss medication continuity

Clarify prescriptions, exact products, actual use, and any travel-related arrangements with the relevant professionals. Do not change medication to prepare for admission.

04 Explain practical requirements

Raise dietary needs, allergies, accessibility or sensory requirements, and essential communication commitments.

05 Agree on responsibilities

Confirm payment terms, travel arrangements, key contacts, and who should be informed if your circumstances change.

Report significant changes in health or treatment before traveling. Do not postpone urgent medical care while waiting for an admissions response.

Get oriented. Understand the plan.

The first days should help you understand the residence, the next appointments, and how to ask for support. They are not a test of how quickly you can appear settled.

01 Know the right contacts

Identify your practical contact, clinical point of contact, and the route for an urgent concern.

02 Review the essentials

Make sure the relevant professionals have an accurate medication and recent-treatment history.

03 Understand private and shared space

Clarify your room, common areas, meals, activities, and expectations around privacy.

04 Ask about the initial priorities

Understand what the plan is trying to achieve and how appointments relate to your needs.

05 Confirm the next steps

Know the forthcoming appointments and how schedule changes or concerns will be communicated.

An initial timetable is not a promise of identical appointments for every client. The plan may change after further clinical discussion.

Clear expectations make the stay easier to understand.

Personal clinical information, everyday shared living, and contact with people at home are different questions. Discuss each explicitly.

Within the residence

- Clinical consultations and your individual treatment plan remain personal.
- A private suite is not exclusive use of all common areas.
- Respect other residents' names, circumstances, stories, and privacy.
- Raise a problem with the setting through the agreed contact rather than waiting for it to escalate.

Family, devices, and work

- Agree on family communication and any appropriate involvement in care.
- Clarify phone use, visitors, and essential work commitments before relying on an arrangement.
- Identify who may receive information and what authorization is needed.
- Do not assume that paying for treatment grants access to every clinical detail.

Your practical arrangements and clinical needs determine what is appropriate. This guide does not promise unrestricted remote work, visiting, or phone access.

You can begin with a conversation.



A family member or loved one can contact admissions to explain concerns and ask about the program. You do not need to arrive with a diagnosis or a complete treatment plan.

Family members may share useful context. Communication, participation, and information sharing are guided by the client's authorization and clinical responsibilities. Clear roles and boundaries can also support preparation for returning home.

Usually 4-12 weeks. Reviewed individually.

The published typical stay is a starting point for discussion, not a guarantee that every person needs the same length of treatment.

01 Clarify the purpose

Discuss what the proposed residential stay is intended to add to your current care.

02 Review the experience

Describe symptoms, functioning, participation, practical barriers, and questions about the approach.

03 Revisit the plan

Ask how goals, appointments, or support may change as new information emerges.

04 Prepare the transition

Connect readiness to leave with the practical and clinical arrangements for the next stage.

Confirm any extension, revised fee, or change in scope through the individual proposal and the relevant clinical review. Duration is not a promised recovery outcome.

Plan for the life you return to.

Reintegration and continuing-care planning are part of the residential program. The next stage should be understandable before you leave.

Planning during your stay

- Consider home routines, work, travel, and relationships.
- Discuss relapse-prevention needs where relevant.
- Identify appropriate local or existing clinical support.
- Clarify authorized communication with clinicians and family.
- Record the next steps and who is responsible for each.

Services after the stay

- Confirm which follow-up appointments are actually agreed.
- Clarify prescribing responsibility where relevant.
- Know who coordinates the handover.
- Check any fees for additional support.
- Do not assume a fixed aftercare package is included for every client.

Continuing-care planning and ongoing follow-up services are different. The scope and cost of actual follow-up are agreed individually.

CHF 35,000

PER PERSON, PER WEEK

A private suite in a shared Mallorca residence for a maximum of four clients, with primarily individual psychotherapy and a personal treatment plan.

Typical duration

Usually 4-12 weeks; reviewed individually.

Clinical admission

Subject to suitability and availability.

Your written proposal

Confirms the recommended duration, total fee, payment terms, inclusions, and any additional costs.

Published fee as of September 25, 2026. Use the current admissions page and your individual written proposal when making a decision.

Understand what is included and what needs confirmation.

The website describes the core model. The written proposal is the place to confirm the precise scope for your stay.

Published core inclusions

- Clinical assessment.
- Primarily individual psychotherapy.
- Your private suite in the shared residence.
- Chef-prepared meals.
- Residential coordination.
- Continuing-care planning.

Confirm individually

- Specialist sessions and any medical or psychiatric input.
- The frequency and mix of clinical appointments.
- Selected physical activities and excursions.
- External medical care and medication costs.
- Special travel, security arrangements, or extensions.
- The scope and cost of follow-up services.

A guide cannot replace the agreed proposal. Do not assume a specific service, staffing model, or treatment method is included without confirmation.

Make the practical agreement explicit.

Programs are generally self-pay, and COGNIFUL does not work directly with insurers. You pay first; relevant documentation can support a reimbursement request, but payment by an insurer is not guaranteed.

01 Your residence and care

Confirm the suite, maximum-four-client setting, proposed clinical input, and recommended duration.

02 The full financial picture

Check the weekly and total fees, payment dates, inclusions, and possible additional charges.

03 Changes or cancellation

Read the cancellation terms and what happens if the plan, dates, or length of stay changes.

04 Insurance questions

Check your own policy and insurer's requirements. Do not treat available documentation as a promise of reimbursement.

05 What remains unresolved

Ask for clear written answers before committing to travel or payment on an assumption.

Four steps toward a considered start.

01 Talk with admissions

Explain the situation, say who the inquiry is for, and ask your initial questions about care, the residence, and fees.

02 Complete the clinical review

Provide the requested information about current needs, health, treatment history, medication, and substance use.

03 Review your individual proposal

Understand the planned care, residence, duration, weekly and total fees, inclusions, and any additional costs.

04 Prepare for arrival

Agree on dates, consent, payment, travel arrangements, and what to expect in the residence.

An inquiry is not a diagnosis or confirmation of admission. Clinical suitability and availability determine the next step.

Keep the questions. Find the right detail.

These COGNIFUL resources expand on the practical topics in this guide. The links are clickable and available without an inquiry form.

01	Admissions and current fees	+
02	Your first days	+
03	Admissions preparation checklist	+
04	Medication review checklist	+
05	What to pack for a residential stay	+
06	Continuing-care planning worksheet	+
07	Clinical team and care coordination	+
08	Clinical scope and suitability	+



A CONFIDENTIAL FIRST CONVERSATION

You do not have to work it out alone.

Ask about treatment for yourself or someone you care about. Our shared admissions team can explain the process and the information needed for clinical review.

Jil Moore

Client Relations Director

Cynthia Nakhle

Admissions Manager

+41 44 500 5111

admissions@thebalance.clinic

cogniful.clinic/admissions