



Celeste Emelia Mattingly, LCSW  
Psychotherapist, Quantum Healing Facilitator  
Author & Creator of *Celestial Psychology*  
Reconnecting Where Mind & Body Meet Spirit

(860) 470-5404 (phone)  
(860) 321-7353 (fax)  
(860) 798-6176 (cell)  
1533 New Britain Ave. Suite 1  
Farmington, CT 06032-3341

## AGREEMENT FOR INDEPENDENT PRACTITIONERS Renting & Practicing at 1533 New Britain Avenue, Suite 1, Farmington, CT 06032

### Office space details and benefits for shared office #2 in Suite #1

Your monthly lease will be for the **shared** office #2 in Suite #1.

This room contains a high-frequency Tachyon Chamber pyramid and a single generator. Two of its four walls are painted with Tachyon Particle Magic and tachyonized glitter. There is a small desk, an oversized comfortable office chair for you, a very comfortable client recliner, and a massage table for energy healing. (Not for physical massage on bare skin or using oils, please. Unfortunately, this office is not suitable for sound healing, either.) Keep in mind that the cost for Galaxy-style Tachyon Chamber meditation sessions is \$1.50 per minute. So, for example—if you treat yourself to a 60-minute Tachyon Chamber meditation session each month, your tax-deductible minimally arranged amount of \$120.00 month for eight hours of office rental could be nearly covered with your own self-care treatment.

Your monthly lease for the **shared** office #2 in Suite #1 must have set hours by the day or by the month. These hours must be scheduled for a minimum of four hours at a time for at least two days per month. **The cost is \$15.00 p/hour.** The opportunity to choose the day(s) of your choice is on a first come first serve basis.

Please submit a letter of interest and intent by email to: [cmattingly100@comcast.net](mailto:cmattingly100@comcast.net). We will set up an interview. You will be required to fill out an application, supply three references, pass a credit check, and pay a one-month deposit. You will be required to sign a one-year lease with Celeste E. Mattingly, LCSW. Renewable leases will include the customary 5% increase.

You will have keys to the building. The landlord will have your contact information. You will be able to utilize the address as your physical location. Your name will go on the door to Office #2.

On your chosen and assigned day(s), you will have access to the waiting room with the client's water bubbler for coffee and tea. You will also have access to the reception area.

You will have access to the Internet, the fax machine, the copiers, and the kitchenette. You will also have free entrance to some of the CEU workshops, study groups, and research and marketing events hosted by Celeste or Celestial Empowerment Quantum Healthcare, LLC in Suite #3.

Please bring your own office and kitchen supplies, such as pens and pencils, paper and plastic goods, coffee and tea. Also, bring your own copy paper and occasional contribution to printer ink, depending upon your usage. You can set up your supplies for yourself and your clients and store them in the back room when you are not here.

On your assigned day, you can also reserve the beautifully furnished and decorated Primary Office #1 in Suite #1. This office is suitable for a group with an eight-person maximum. The additional hourly rate of \$25.00 per hour- with a two-hour minimum and four-hour maximum must be paid in advance when the office is reserved. Please confirm your reservation(s) with Celeste and document them in the TeamUp calendar. This calendar will be established for all practitioners to utilize.

You are welcome to hang copies of your framed diplomas inside the **shared** office #2. You will have some shelf space and drawer space for your items. However, the only significant furnishing you can leave in the office is a two-drawer locking file cabinet for your personal use.



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There will be a personal in-house mail slot for all practitioners in the reception area. (Most practitioners, however, prefer to have their payments and correspondence mailed to their homes or a PO Box.)

I, print name, understand and agree with the rental opportunities as presented above.

I, initial, understand and agree that I will be practicing independently at 1533 New Britain Avenue, Suite #1, Farmington, CT.

I, initial, understand and agree that although independent, the practitioners at this facility share the common interest of furthering the work of improving the quality of life for all involved. This work involves the utilization and furtherance of various energy psychology practices. The ultimate goal of this work is to establish quantum healthcare and energy psychology/medicine as a viable commodity.

I, initial, understand and agree that I may not hold any colleagues (other practitioners in the office) responsible for any clinical, criminal, or confidentiality breach that I, initial may commit. Nor, may I, initial be held responsible for any transgressions by other colleagues or their clients.

I, initial, understand and agree that I will be providing services to my own clients within the agreed-upon office space re\_\_nted to me by Celeste Emelia Mattingly, LCSW.

I, initial, understand that Celeste E. Mattingly, LCSW is the Sole Proprietor of Psychotherapy Healing Services, LLC, and Celestial Empowerment Quantum Healthcare, LLC, and the only practitioner operating under these business names.

I, initial, understand and agree if my business name includes words like center or facility, I will avoid promoting it as a separate venue, at this address.

I, initial, have my own malpractice liability insurance and will provide an updated copy to Celeste's admin every year.

I, initial, agree to keep an updated copy of my license **posted** at the office, also.

I, initial, agree to abide by and uphold all client confidentiality mandates – HIPPA regulations for all my clients and all the clients of other practitioners practicing independently at 1533 New Britain Avenue, Suites #1&3, Farmington, CT.

I, initial, also understand that while I most likely will benefit from the advertising and the reputation that my association with Psychotherapy Healing Services, LLC and Celestial Empowerment Quantum Healthcare, LLC provides, I am not expecting any referrals (although they may occur) and understand that I will be solely responsible for building my own practice. I also agree to never solicit clients or customers from any other practitioner in this venue — even if our disciplines differ — without a formal referral.

I, initial, understand and agree this is a non-smoking and no-vaping facility and property. I agree to be a role model and refrain from being seen smoking or smelling like cigarettes or marijuana. Nonsmoking includes outside the building, in the parking lot, or my vehicle while parked on the premises.



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I, initial understand I will be sharing this office with others, so I will leave everything neater and cleaner than I found it. I also agree to store only a limited amount of food (properly stored and sealed) and supplies in the back room. I also agree to keep all common areas clean, including the microwave, mini-fridge, and bathroom.

I, initial understand that I can dissolve this contract and practice elsewhere without any notice or penalty and that my deposit will serve as my last month. I further understand that Celeste E. Mattingly, LCSW has the right to ask me to practice elsewhere, for any reason, without any notice.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness

\_\_\_\_\_

Preferred days of the week/month:

\_\_\_\_\_

*October 30, 2023*