



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

Note: Without a lease, you can only arrange your appointments for times when Celeste or a staff member is present; flexibility is required. The cost for renting this room is \$15.00 per hour, payable upon entry. Cash or check, please. You cannot store or keep any personal belongings on the premises. You will not have any keys.

A lease affords you the security of knowing the room will be available at your scheduled times. You will have keys to the building, a permanent address, and other opportunities mentioned below.

Your monthly lease for the **shared** office #2 in Suite #1 will consist of the following:

This room contains a high-frequency Tachyon Chamber pyramid with 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. (No 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 the Galaxy-style Tachyon Chamber meditation sessions available in this office is \$1.50 per minute. You and your clients will benefit from Tachyon just by being in the room, and you will be able to highlight this as an enhancement to the modality of your choice.

The minimum monthly lease for the **shared** office #2 in Suite #1 is eight hours. Therefore, a minimum lease can be \$120.00 per month. Hours need to be reserved by the month. Please consider scheduling these hours in four-hour blocks to avoid confusion. If you require more hours during the month, your monthly cost will increase by \$15.00. Repeated requests for extra hours will require a commitment with an increase in monthly rent. 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. We will set up an interview, and you can fill out an application, supply three references, pass a credit check, and *pay a one-month deposit*. Your lease will be for one year with Celeste E. Mattingly, LCSW. Renewable leases will include the customary 5% increase.

You will have keys to the building, and the landlord (Barnes Property Development, LLC) will have your contact information. You will be able to use the address as your physical location. Be sure to state Suite #1 in all your mailing correspondence. 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. Please make an occasional contribution to these amenities, depending upon your usage. You will also have access to the reception area, but not the computer.

You will have access to the secure Internet, the copiers, and the kitchenette. You will also have free entrance to some CEU workshops, study groups, and research and marketing events hosted by Celeste or Celestial Empowerment Quantum Healthcare, LLC, in Suite #3. You will be responsible for your encryption, anti-virus software, HIPPA-compliant practices, and safeguards on your personal computer and phone, as well as ensuring the safety of any physical client files with a locking file cabinet.



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Please supply your own office and kitchen supplies, such as pens and pencils, paper and plastic goods, coffee, and tea. Also, please provide your own copy paper and occasionally contribute 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.

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 can 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.

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 consists of 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 rented 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 in this location.

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



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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 an advanced agreement and 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 a vehicle parked on the premises.

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 (adequately stored and sealed) and supplies in the back room. I also agree to clean all common areas, 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 _____

Name of Business: _____

Witness: _____

Preferred days of the week/month:

July 13, 2024