{Title} {Given Name} {Family Name}

{Address Line 1}

{Address Line 2}

{Suburb} {State} {Postcode}

[Date]

Dear {Title} {Family Name},

It has been a pleasure working with you and servicing your hearing needs. Sadly, I am writing to advise you that [Selling Entity Name] will cease to provide hearing services at the following locations from [date of transfer].

| **Suburb** | **Address** |
| --- | --- |
|  |  |

We are pleased however, to inform you that you can continue to receive hearing services at [these locations] with, [Buying Entity Name]. Operations will commence here from [start date].

It is your right under the Hearing Services Program (program) to transfer to another hearing service provider if you do not wish to receive services from [Buying Entity Name].

To find a new provider:

* use the program’s [online directory](http://hearingservices.gov.au/wps/portal/hso/site/locateprovider)
* email hearing@health.gov.au
* call 1800 500 726.

Please be aware that your client record will be transferred to [Buying Entity Name] should you choose not to relocate to a different provider at this time.

In the meantime, if you have any questions about this important change please call us on [phone number].

Yours sincerely

[Business Name]

[Date]