

## § 2.5

not acted by the return date, the employee will be directed to appear at the stated time and place, unless advised by the Office of the General Counsel that responding to the subpoena would be inappropriate (in such circumstances as, for example, an instance where the subpoena was not validly issued or served, where the subpoena has been withdrawn, or where discovery has been stayed), produce a copy of these regulations, and respectfully decline to testify or produce any documents on the basis of these regulations.

[68 FR 25840, May 14, 2003]

### § 2.5 Subpoenas duces tecum.

(a) Whenever a subpoena duces tecum has been served upon a DHHS employee or former employee commanding the production of any record, such person shall refer the subpoena to the Office of the General Counsel (including regional chief counsels) for a determination of the legal sufficiency of the subpoena, whether the subpoena was properly served, and whether the issuing court or other tribunal has jurisdiction over the Department.) If the General Counsel or his designee determines that the subpoena is legally sufficient, the subpoena was properly served, and the tribunal has jurisdiction, the terms of the subpoena shall be complied with unless affirmative action is taken by the Department to modify or quash the subpoena in accordance with Fed. R. Civ. P. 45 (c).

(b) If a subpoena duces tecum served upon a DHHS employee or former employee commanding the production of any record is determined by the Office of the General Counsel to be legally insufficient, improperly served, or from a tribunal not having jurisdiction, such subpoena shall be deemed a request for records under the Freedom of Information Act and shall be handled pursuant to the rules governing public disclosure established in 45 CFR part 5.

[68 FR 25840, May 14, 2003]

### § 2.6 Certification and authentication of records.

Upon request, DHHS agencies will certify, pursuant to 42 U.S.C. 3505, the authenticity of copies of records that

## 45 CFR Subtitle A (10–1–06 Edition)

are to be disclosed. Fees for copying and certification are set forth in 45 CFR 5.43.

[68 FR 25840, May 14, 2003]

## PART 3—CONDUCT OF PERSONS AND TRAFFIC ON THE NATIONAL INSTITUTES OF HEALTH FEDERAL ENCLAVE

### Subpart A—General

Sec.

- 3.1 Definitions.
- 3.2 Applicability.
- 3.3 Compliance.
- 3.4 False reports and reports of injury or damage.
- 3.5 Lost and found, and abandoned property.
- 3.6 Nondiscrimination.

### Subpart B—Traffic Regulations

- 3.21 Emergency vehicles.
- 3.22 Request for identification.
- 3.23 Parking.
- 3.24 Parking permits.
- 3.25 Servicing of vehicles.
- 3.26 Speed limit.
- 3.27 Bicycles.

### Subpart C—Facilities and Grounds

- 3.41 Admission to facilities or grounds.
- 3.42 Restricted activities.
- 3.43 Removal of property.
- 3.44 Solicitation.

### Subpart D—Penalties

- 3.61 Penalties.

AUTHORITY: 40 U.S.C. 318–318d. 486; Delegation of Authority, 33 FR 604.

SOURCE: 55 FR 2068, Jan. 22, 1990, unless otherwise noted.

### Subpart A—General

#### § 3.1 Definitions.

*Director* means the Director or Acting Director of the National Institutes of Health (NIH), or other officer or employee of NIH to whom the authority involved has been delegated.

*Enclave* means, unless the context requires a different meaning, the area, containing about 318 acres, acquired by the United States in several parcels in the years 1935 through 1983, and any further future acquisitions, comprising